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## ORIGINAL ARTICLES

### OBSTETRICS IN THE HOME*


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As one looks over his case histories even in our later days, he recognizes an altogether too large percentage of gynecological cases in those who have borne children. This seems to continue in spite of the fact that so many men now practising have taken their obstetrical work under competent teachers. The old adage that "Gynecology follows in the wake of bad obstetrics," comes to mind again. The conclusion is that the standard of obstetrical practice is much below that of other branches of medicine.

There are undoubtedly many factors which influence this. It is to many physicians very distasteful work. To others who are extremely busy, it is torture to take the necessary time to accomplish good results. Then the standard of obstetrical requirements among the people is very low. The minor importance given to this branch by many physicians themselves has an influence, the argument being that it is a natural process and so needs little attention. This low standard which has been established in both the lay and professional mind has resulted in a diminutive remuneration for the work, and it has followed that the best men have been largely driven or attracted to other fields more remunerative.

But as the dentist has passed from the crude roll of tooth-puller to add those refinements of reconstruction of teeth or still better, the prevention of their injury, so has the obstetrician passed from the station of "cord tier" only, to that of one who guides the living of the woman so that she is at her best when labor comes on; who prevents sepsis and injury during confinement, or if injured, secures good repair; and who directs the puerperium until she regains her usual good strength. In this he saves himself and his profession from the often just reprimand of the woman who says, "I have never been well since my baby was born."

The function of the physician does not begin with labor nor end with it, but it should begin almost with the beginning of pregnancy, and it does not end until at least several weeks after delivery. In a word, the woman needs guidance in preg-

*Read before Muskegon-Oceana County Medical Society December, 1910.

nancy, in labor, and in the puerperium, and it would be difficult to say truthfully that the one is of more importance than the other.

Surgery is so often made necessary by the unexpected, the tragic, the horrible. It is often so hopeless that there's nothing to lose and all to gain. Obstetrics, on the other hand, is the result of usually voluntary action and in pursuance of the most sacrificing spirit in mankind. The woman who willingly enters pregnancy once or perhaps several times, surely deserves the most careful consideration of all surgical conditions, and surely merits protection from infection and permanent injury, both of which conditions are usually either introduced or permitted by the accoucheur. So that to practise high grade obstetrics one should first of all be a good surgeon and gynecologist, and then to these add those refinements which are peculiar to this line of work. An obstetrical operation, a forceps delivery, for example, merits the same consideration as any major surgery, and the ignoring of this point has led to many undesirable results.

It is generally conceded by physicians and nurses, and also is being believed by the laity as well, that confinements which are conducted in a well regulated hospital have better results than do those which remain at home. This is observed even when the doctor and the nurse remain the same, the only difference being that of the equipment, and this brings us to the chief point of the paper to-night.

In the hospital the doctor has everything that can be desired both in quality and quantity. He has an appropriate room; he has proper light and heat; he has good instruments, tables and scrubbing facilities; he has abundance of sterile goods; and he has plenty of skilled help who see to it that the details of preparation and asepsis throughout the case are carried out whether each one is recited to them or not.

Contrast the magnificent hospital equipment with the average obstetrical bag, and the answer is given to the query why is obstetrics in the home usually bad? The most important advantage in the hospital is not the magnificence or convenience of the building, but it is in its sterile goods and trained help. This gives us a chance, then, to make the household obstetrics on almost an equal plane to that of the hospital if we will but try to do so, for we can transport with ease both good nurses and sterile goods; and to such an extent that nothing in the way of supplies is needed from the home except fire and water.

The essence of good obstetrics in the home, outside of proper knowledge, is a good equipment, and a proper conception of the importance of obstetrical procedures. How many of us would hasten to answer the call of a neighboring-town physician to an abdominal case with so meager an equipment as we ordinarily carry for an obstetrical case! We would shudder at the thought. Yet think nothing of it on confinements.

By good equipment one does not mean every instrument that is made for use in obstetrics, but it does mean more than a rusty pair of scissors, an artery snap discarded from the surgical bag, and a pair of needles. It is remarkable how few instruments are really needed to do even perineorrhaphies, vaginal Caesarian sections or complete tears, if these few are properly selected. With the more general use of high forceps for both low and high, the one pair suffices for two. The importance of at least two strong 7 inch forceps cannot be too strongly emphasized, as these make a quick cutting of the cord possible in the event that it is not long enough to allow of delivery without breaking it, or detaching the placenta. Four would be better. Two small tenaculum forceps help greatly in re-

pairs, as they do not crush the tissues to be united so badly as the snaps do. Two 8 inch clamps, one dressing forcep and speculum are at times desirable.

The equipment should also include sterile goods. In the order of importance I consider them as follows: sterile cotton pledgets (⅓ pound is average amount needed for one labor), six sterile towels, sterile leggings, sterile gown, sterile tape for cord in alcohol, rubber gloves, three yards gauze packing, two dozen sterile vulvar pads.

The second point I wish to make is the importance of properly preparing the patient and surroundings. The room once selected, it takes but a few minutes to put it in shape for delivery. There is a great temptation to leave things as they may be found, but should an unusual condition arise later, the ten or fifteen minutes taken in rearranging a room will be abundantly paid for. I believe that it is well to prepare for the unusual in most all cases, rather than to be caught without it in a few where badly needed. Upon entering the house I think it important to listen for sounds from the parturient, as from these alone we can often estimate rather closely the amount of time we shall have for preparation and guide ourselves accordingly.

I wish to emphasize the importance of always taking the pulse and temperature before any preparation has been done. This frequently saves one from embarrassment later if fever should develop, as it determines if it was present before your arrival, and yet this is often neglected.

If the labor has not progressed far, I should have an enema given, but if there is any likelihood of the labor terminating inside of three or four hours, I object very strongly to their being given, since if they are not thoroughly expelled some time before the end of labor the liquid of the enema and the feces will be forced out the anus intermittently, greatly increasing the danger of colon infection. Indeed, the accoucheur himself is liable to have his gown or gloves or other sterile dress contaminated, and no second one to put on. Solid stool can be easily cared for when expressed, and is much to be desired over a liquid one.

The writer has a nurse who either accompanies or goes in advance, selects the room, removes unnecessary furnishings, and protects what furniture is used from injury by heat or solutions; provides for both day and artificial light; arranges for proper heating. For the protection of the bed, chairs, tables, etc., newspapers serve the best, except where the fresh white paper direct from the mills can be had, as is the case in Kalamazoo. I prefer this to either Kelly pad or oilcloth to place under the patient, as the same ones are used by but one person. A complete delivery can often be accomplished without getting a drop of blood or other material on the bedding, by the generous use of newspapers or the above. I am now using paraffin paper, and find that it sheds water best of any, but it is more brittle than newspapers and tears more easily.

I consider it important to have at least two tables in the room. A card-table or center or kitchen table will serve. On one of these I place all the contents of the obstetrical bag, so that quick access can be had to anything wanted. A second table I consider very desirable to use exclusively as one for sterile goods, being first covered with one or two of the sterile towels carried. All boiled things can be placed on here, covered up, and kept till needed. They are thus very accessible. The occasional inability to get a second table for this purpose argues for the carrying of a copper pan for boiling instruments, and large enough to contain all that are carried. The water can be drained off, and the pan being placed on a chair serves in emergency for sterile instrument-holder.

In preparing the patient, I prefer to have her transversely across the bed, with hips projecting over the edge and with feet on the knees of the accoucheur. With several thicknesses of papers under the patient, and a foot bath-tub, or ordinary tub, if the bed is high enough, underneath to catch all the slops, we have the most convenient position for both preparation and also for delivery. Shaving is done in nearly every case, and where absolutely refused, she most always will allow clipping with ordinary barber's clipping machine which is carried in the bag. I meet with an ever decreasing number of people who refuse shaving. Much can be accomplished if it is explained to the patient that the delivery of a child is as important a procedure as having an operation, and no good surgeon would ever operate a hair-covered field because she would be more likely to get blood poison. If after this it is refused, I demand that my responsibility is lessened or even ceases entirely because I was not allowed to do as I knew to be to her best interests. The importance of this measure is becoming instilled into people, however, as was shown a few months ago by one instance where the husband had the shaving all very nicely done upon the arrival of the physician, saying that he knew it would be done anyway, and he thought he would help things along that much.

After shaving, another thorough scrubbing is given with soap and water, and then with lysol, using care not to allow any to enter the vulva. The vulva is then prepared by scrubbing gently, giving especial care to the removal of smegma about the clitorus, which so frequently is overlooked.

I believe it important that no internal examination be made until after this preparation be made, as more or less infective material must otherwise be carried into the vagina unnecessarily. I always use gloves for this. In this connection I wish to emphasize the importance of making as routine an external examination for the diagnosis of position and presentation. The more I do this the more confidence I have in its value. The delivery has several times shown that the diagnosis made from the external was better than that from the internal examination. Of the external findings the location of the fetal heart tones has served me best.

The normal delivery, however, is not so liable to be followed by bad results as is the operative one, naturally because there is much more necessary exposure to infection. It is here especially that we need preparation, and being handicapped in one way and another, we are so prone to neglect it. For example, how often have you seen forceps boiled in a dishpan which is almost never large enough to allow the handles to touch the water at all. The wash-boiler serves well, but is too cumbersome. The copper pan with lid, mentioned before, is easily carried within the bag, and as it makes a good container for the instruments, no space is lost.

One of the most common errors outside of bad aseptic technique, in doing forceps operations, is to attempt it with the patient across the ordinary bed. I have on several occasions been called to finish deliveries where I believe the failure had been due to neglect of this precaution. The kitchen table is almost omnipresent, and should invariably be pressed into service here. Without the patient at this height it is almost impossible to apply the proper force and in the proper direction. It also makes it easy for assistants to hold legs and otherwise control the patient.

Another consideration which we are apt to neglect in the home is to attempt operative procedures, and even ordinary ones, without sufficient or proper help. Several times I have almost failed to deliver because from the examination I judged that it would be easy, and began without sufficient help.

A few trials soon proved my mistake. I believe that help can be obtained far more often than we think it can, if we but make the effort to get it. Even if we have no trained nurse, we can practically always get all the neighbor women we need, and with a little instruction as to what to do, and especially what not to do, they will serve far better than too few.

In this connection I want to urge the employment of a trained nurse on every case, even if but for the delivery. There is usually one to be had, as this short service never interferes with a longer case, and is sometimes really enjoyed by the nurse because of its brevity. Since I have been preaching to my patients the importance of this, I find very few who will refuse to pay for a day's services of the nurse, and even though they do it more or less grudgingly, they are usually more than glad that she was present before they are through. For those who are really so poor that they cannot pay for even one day of nurse's services, one can have some woman who will go on these cases, and she can be so instructed that she will at least do no harm. My experience so far is that a woman entirely ignorant of the work, and who recognizes her deficiency, is the safest person to have outside of a trained nurse. Help can be had if we urge that the importance of the occasion warrants it.

One person who should invariably be present at all operative procedures in the home even more than in a hospital is a second physician, who should administer the anesthetic. It is even more unreasonable to give an anesthetic and do a forceps operation than it is to both administer an anesthetic and remove one's appendix. How many women would permit for a moment a neighbor woman to go to the hospital and give her an anesthetic for a surgical operation! Yet they allow and we permit this to be done in obstetrics purely because the importance in this connection has been underestimated so long that it has become to be a standard of practice. It is impossible to give or help in giving an anesthetic and keep clean at the same time, and the woman is liable to suffer for our errors of technique. I imagine that we could be just as careless and dirty in surgery without deaths as we are in obstetrics, if there was provided in all those cases the excellent drainage which nature has so magnificently supplied to the puerpera. When we put obstetrics on the plane where it belongs, namely, with general surgery, and the same care is used, then will the results be what they should. It is indeed unpleasant enough for a woman to undergo the pain of delivery, yet how much worse are those things which we cause or permit to remain because she is in the home, and we are not sufficiently supplied with equipment and help to give her as good help as we really can bestow. It is better to give the woman all the help that is needed for proper care than to save the price of it to her heirs.

In speaking further with reference to the anesthetic, I wish to emphasize the advantages of ether over chloroform for this work, and especially when used in the home. Ether is undoubtedly much less toxic. The intoxication from chloroform is similar to that in toxemia of pregnancy, and it only adds to the danger of the latter condition. Ether can be given for either light or complete anesthesia with gratifying effect. It is vastly superior in the home, because most homes have open lights, and open lights do not cause disagreeable combustion products with ether as they do with chloroform. I have nearly always observed the very disagreeable and irritating fumes from chloroform in the presence of open lights whenever it was used. On one occasion I was nearly prostrated by these fumes before the operation was done. In the practice of a colleague, three assistants, two being

physicians, had to retire from the room on account of them, and just at a most critical time when all were badly needed. The effect of this gas on the lungs must be anything but desirable. Ether is not dangerous in open light if kept below the light, and not any way if the vapor inhaler is used. In this apparatus there is nothing more to burn when one stops working the bulb. Ether is also safer under all circumstances if it has to be given in an emergency by one unskilled in the administration of anesthetics.

It frequently happens that the baby does not get as good care in the home as it does in the hospital, generally because of lack of things to do with. And yet the things necessary to give the baby the best of care are easily carried. A two ounce bottle full of boric acid solution makes the immediate cleansing of the eyes at birth easy to accomplish. With another bottle of sterile albolene one can remove all vernix from that region where the binder will be placed as soon as the cord is cut. The stump can then be treated with alcohol or lysol solution, covered with sterile cord dressing from the bag, and binder applied at once. I believe that this is work which the doctor should do ordinarily, and surely if a trained nurse is not in attendance upon the case. There is no reason why this stump, which is sterile, should be exposed to infection by going through hands not sterile any more than that a surgical wound should be returned to the ward and then the dressing applied by a floor nurse.

A still greater duty we have toward the baby is to instill a few drops of silver salt into the eyes as soon after birth as possible. In my own practice I make no exceptions to this rule since finding recently a gonorrheal ophthalmia a few weeks after birth in the child of a family of irreproachable character and life, where the treatment was omitted on account of their standing. This will care for ordinary infections, and accidental ones may occur even though the parents are free from the disease. Argyrol was tried, but it has not proven satisfactory in the writer's hands. The fact that it quickly (seven to ten days) decomposes when in solution, is perhaps the reason. Carrying crystals was then tried, but in hot weather these melt and then go into solution too slowly to be practical.

Usually as soon as the baby is removed, it is a good plan to examine for lacerations, as the placenta and membranes retain the blood so that the field can be kept free and a good view obtained. This also facilitates the repair if one is needed, for the same reasons. I have never experienced any damage from the delivery of the placenta over sutures placed at this time.

It is within our bounds to see to it that the woman has sterile pads to use after labor. This is always possible in or near hospital towns, as the institution is always willing to provide them. The patient can be sent to buy them, but if they refuse to do so, it is best for the doctor to buy them himself rather than to hazard his results.

We cannot emphasize too much the importance of the after care. The vulvar dressings should be as carefully looked after as any wound. Cleanliness must be still the ruling word. When trained help is in attendance, I leave the after care to be carried out by her, but if some one unskilled in asepsis is in charge, I instruct her only to change the pads, handling them only by the ends, as often as one is soiled, but to leave the other cleansing to me. This is attended to at each visit by means of lysol or bichloride solution and sterile cotton. A small bag is prepared and reserved for post partem calls only. This prevents contamination which is likely if the ordinary emergency bag is used, as this usually serves in the dressing of pus cases. This bag contains not only chemicals for solutions, but cathartics, ergot, alcohol, and instruments as would be needed in the removal of stitches and in catheterization. I believe that

we should make more than one or two after calls, without regard to the remuneration in the case. So many complications come up in the first ten days which need our advice and attention. The baby won't nurse. He doesn't pass urine. He gets the colic. The mother's nipples get sore and crack and perhaps an abscess forms. She may get fever and numerous other complications. These need immediate attention to prevent worse conditions, and if we are not there they go unrecognized until perhaps they become serious. These conditions are too important to leave to the treatment of any one but the doctor.

The birth cry of the babe seems to be an assembly call for all the old patriarchs of motherhood within a block or two, who hastily respond and at once begin to advance unsolicited their ideas as to how to raise babies. They are sure that when you say to give "water" it means sugar and water, or anise and water, or whiskey and water. They will insist that the mother's milk is killing the baby, and feel offended if their demand to change to store foods is not heeded. On their second or third visit they invariably bring a breast pump, and administer its services to the young mother with as much unconcern as if they had only given a drink of water. Having served its mission, it usually lies soiled with milk and dirt upon the table or the floor to greet the doctor when he calls. If the pump fails to bring the desired results, at your next visit it will be observed that fat pork or tea leaves or a raisin are doing duty in its place. And it is not unusual to discover the aftermath of a douching which has just been given without your permission.

Not only is the young mother pestered by these things, but ere she has risen from her confinement bed the address agent has obtained her name from the health office and sent it to the market. She is now flooded with all sorts of catalogues and literature, and samples of everything pertaining to the rearing of babies, from what cab to buy to the great superiority of the products of the bran factories over the breast milk, and how in these later days it is only the ignorant and the degenerate anyway who are able to nurse their babies. The woman needs our presence to overcome this vicious teaching, and to give her well-established facts concerning her baby, or to advise what books she should get for the purpose.

Many young mothers are so fearful that they are not capable of caring for the baby, that they are easily discouraged, especially if things do not go just as desired. They are then susceptible to most any advice which may be offered. She is really eager to learn, and the doctor should be the teacher and not the neighbors.

Another point which should receive more attention in this work at the home is that of history sheets. This should invariably be kept if a trained nurse is on the case, but even when others are in charge, we can do something toward keeping a record. We are more apt not to forget to look for things if we record them.

To summarize, then, I would say:

Have things handy, as chairs, tables, lighting, etc.

Secure preparation as carefully as for laparotomy, and have convenient position.

Take along enough sterile goods to insure asepsis. Have sufficient and properly selected instruments in a copper boiler.

Use ether instead of chloroform.

Do not handicap your work by lack of help.

In all operations have a second physician.

Have a trained nurse at all confinements, even if for the delivery only.

Help to put the science and art of obstetrics upon the high plane of surgery where it belongs. Think of how it is done in the hospital, and imitate that to the best of your ability. When these things are kept in mind and practised, as they can be, then we will see the time when the work in the home will compare favorably to that in the hospital.

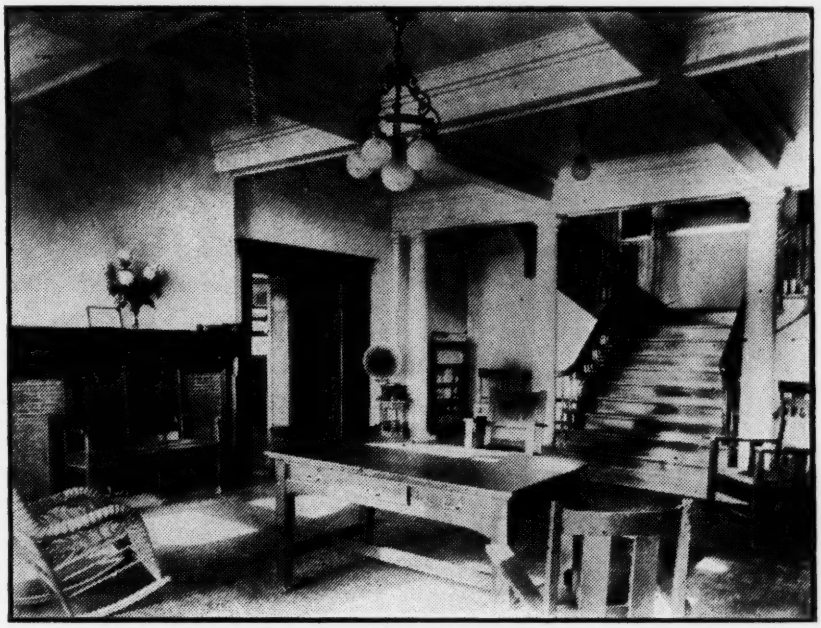

ADMINISTRATION BUILDING, STATE SANATORIUM, HOWELL

# SOME PERTINENT FACTS CONCERNING THE STATE SANATORIUM

EUGENE B. PIERCE, M. D., Superintendent,
Howell, Mich.

Enabling Act passed by the Legislature of 1905. The Sanatorium is located three miles from Howell, Livingston County, and the first building opened for patients in September, 1907.

to consideration. The institution is easily reached, as Howell is on the Ann Arbor and Pere Marquette Railroads. Capacity of institution is eighty. Continual living in the open air is required. Comfortable dress-



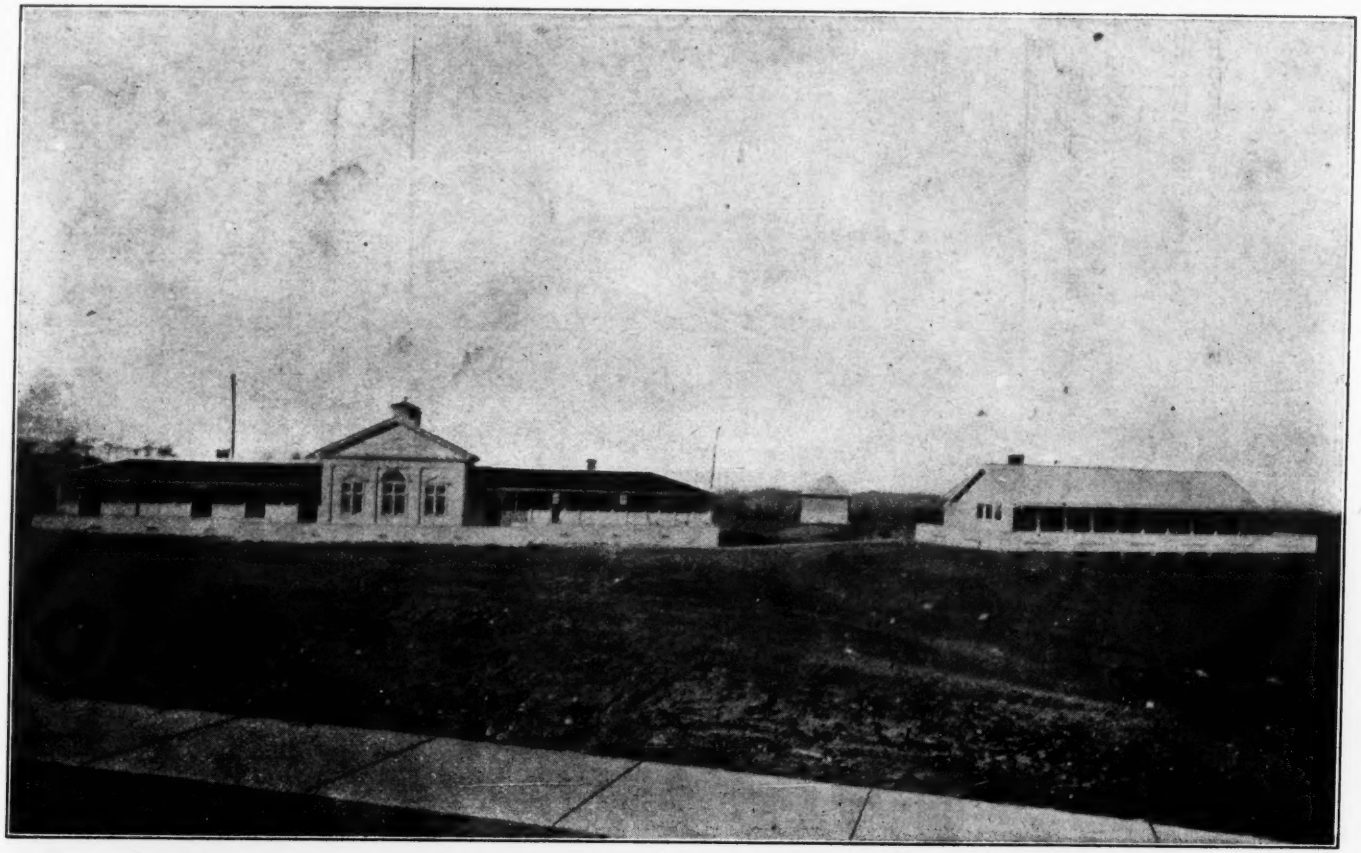
RECEPTION HALL

The present buildings consist of: an Administration Building, with nine cottages, at convenient locations, accommodating from two to sixteen patients each; farm house, with a horse-barn, dairy and hen-house adjoining, located about one hundred rods from the institution proper. An abundant water supply is obtained from driven wells, and pumped to an elevated tank near the buildings. The farm consists of 272 acres. Sewage is disposed of by means of a septic tank and filter bed.

The location is ideal, when water supply, character of soil, and drainage are taken in-

ing rooms are provided at each cottage. An abundance of good nourishing food is served; forced feeding is not a part of the treatment; a low proteid dietary is urged.

The institution was founded with the idea of providing for tuberculous persons whose disease had not become too deeply seated—a place where permanent results could be obtained; therefore, only favorable cases are received for treatment. The greatest good of such a sanatorium is educational, and for that reason a number of advanced cases are received and taught how to care for themselves, and then returned home in



MICHIGAN AND HILL CREST

DINING ROOM

six to eight weeks. The profession must bear in mind the fact that the institution has only a few beds for hospital cases, and that it was planned for ambulant cases only.

The charge is $7 to those able to pay. Those unable to pay bring a certificate from their respective county supervisors, and the charge is then made direct to the county.

The value of the land, buildings, and all

LOBBY

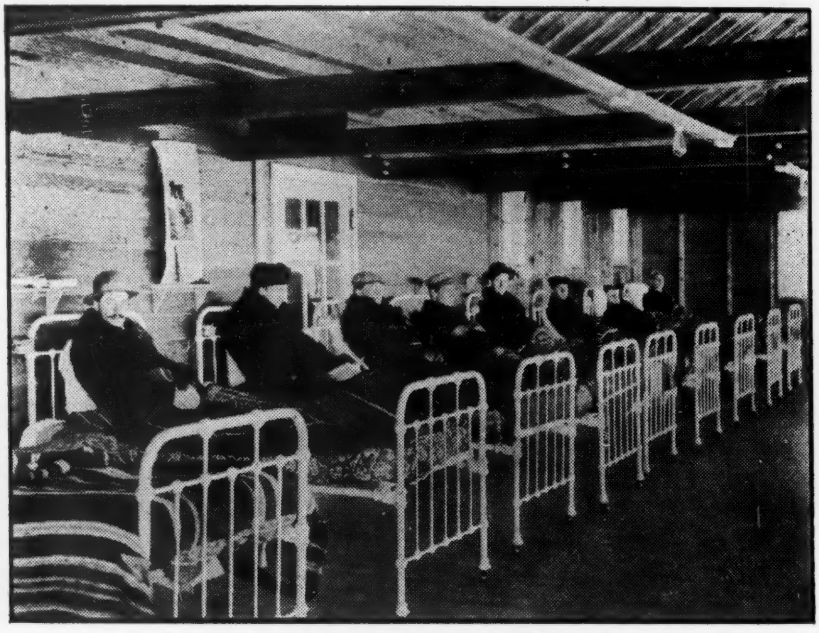
furnishings is approximately $100,000. The last Legislature provided for the building of an infirmary to accommodate twelve more hospital cases, and other much needed improvements. It also appropriated a sum sufficient for maintenance, to enable the institution to care for its full capacity.

Application blanks and other literature sent on request.

Examining physicians are located at convenient points throughout the State. Examining physicians receive no pay from the State, but are allowed to charge a reasonable fee for their services.

Results are difficult of tabulation. The percentage of arrested cases and apparent cures, at discharge, is the same as at other sanatoria. Permanent results depend upon the individual. The educational feature is far reaching, and cannot definitely be ascertained. Knowledge of the necessity for prompt action in cases of tuberculosis, in order to obtain the best results, is limited to the large centers of population in Michigan.

Classification of results for the years 1909, 1910, 1911:



TAKING THE CURE

| | Incipient | | | Moderately Advanced | | | Far Advanced | | | Totals | | | Per Cent |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | M. | F. | Total | M. | F. | Total | M. | F. | Total | M. | F. | Total | |
| Apparent Cures | 13 | 29 | 42 | 2 | 5 | 7 | ..... | ..... | ..... | 15 | 34 | 49 | 15.07 |
| Arrest | 9 | 17 | 26 | 43 | 28 | 71 | 3 | 5 | 8 | 55 | 50 | 105 | 32.31 |
| Improved | 5 | 13 | 18 | 30 | 21 | 51 | 8 | 17 | 25 | 43 | 51 | 94 | 28.92 |
| Not Improved | 3 | 1 | 4 | 18 | 20 | 38 | 21 | 14 | 35 | 42 | 35 | 77 | 23.70 |
| | 30 | 60 | 90 | 93 | 74 | 167 | 32 | 36 | 68 | 155 | 170 | 325 | |

Eighty-five cases stayed less than a month; therefore, not considered in Reports. Also four deaths.

Total cases considered, 325; apparent cures and arrests, 47.38 per cent.

# THE PHYSICIAN AS A FINANCIER?*

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Deckerville, Mich.

I will offer no apology for a paper which contains no scientific point, neither has it any bearing on any physiological, or pathological condition, diagnosis, or treatment of disease.

I have been attending medical society meetings for a good many years, and all the papers I have ever heard have had the one idea in their entirety—the benefit of the patient. And it is scarcely necessary for any reputable physician to say that he heartily endorses that grand axiom of the medical profession, "The welfare of the patient is our first consideration." But after listening for years to papers with that noble aim in view, I think it is pardonable to offer a paper on the second, third, or fourth consideration, the benefit of the indefatigable, hard-working, brain-racked, and often unappreciated medical practitioner, and I offer for your consideration a paper with a question mark after it, "The Doctor as a Financier?"

Probably in every age, but it seems to me from what I have read that never in the history of the world, has the dollar mark been as much used as a graduate to measure a man as it is to-day. And while I agree with the most conscientious in deploring this condition, unless we are willing to lose not only the just rewards of our labors, but, in a measure, the respect of our fellow men, and with that the power of helping them, we must pay a little more attention to finance; and hence I propose and request that we consider the question of bettering our own financial condition, if it is necessary. It may be I am like the individual who wandered into what is called a revival meeting. A very important question had been asked, viz., "Will all who wish to go to heaven stand up?" After they had sat down the parson had asked all who wished to go to hell to stand up. All remained seated but the parson, who waited a few seconds, when this person, who had just awakened, struggled to his feet and remarked, "I—hic—don't exactly understand the question, but I'm with you, parson, but"—as he looked about—"we seem to be in a hopeless minority." Although I may be in the minority, I feel that the question is of some importance to me, and if I am the only one who is dissatisfied with the returns for fifteen years of ardent effort, embracing the best years of my life, I can cordially and unreservedly congratulate you. Quoting from an advertising circular I received some time ago: "Do you own an automobile? Do you own a yacht? Do you take a vacation every year? Do you make periodical trips to Europe?" Following these questions more luxuries were mentioned that we would all be glad to see enjoyed by that anxious, self-sacrificing and often much neglected personage, the doctor's wife. When I look about me and see that the great majority of my brother practitioners would be compelled to answer most of these questions in the negative, I am forced to think that for the amount of energy,

*Read before the Sanilac County Medical Society at Deckerville, Mich., June 5, 1911.

intelligence and time they also have expended, they can hardly be perfectly satisfied with the returns, cash returns, they are receiving.

I do not offer this paper because I deem myself exceptionally fitted to discuss the question, but because I never heard of a paper on the financial side of the profession, and I feel that some one should give this matter some attention, and because I hope to direct your attention to some things that have been neglected, to some extent, in the past, and because I believe that concerted action is necessary to bring the money-earning power of the profession up to where it belongs.

Quoting from Robert Burns' "Advice to a Young Man:"

"To catch Dame Fortune's golden smile,
Assiduous wait upon her,
And gather gear by every wile
That's justified by honor;
Not for to hide it in a hedge,
Nor for a train resplendent,
But for the glorious privilege
Of being independent."

I shall mention briefly the following obstacles which interfere with our financial advancement, as my paper would be a misnomer without them, laying particular emphasis on what I call the Suicide Habit and Patent Medicines:

1. The Quack.
2. The Prescribing Druggist.
3. The Drug Store Habit.
4. Lack of System in Bills and Collections.
5. The Suicide Habit.
6. Patent or Proprietary Medicines.

1. The Quack.—My answer to the financial side of the question for many years has been, Let the doctor perfect himself in his profession; let him learn to cure sick people, and the finances will take care of themselves. Now this is only partially true, for we have all seen doctors who were successful financially who were lamentably deficient in the scientific methods of treating disease; and we know that oftentimes kindness, a pleasing manner, and tact are prized higher by the sick and pay better than skill in treating disease. We also find that the quack, who never tries to cure any person, with his slick tongue and well-worded advertisements is able to have better carriages, more luxurious offices and more of the good things of life than some of our most eminent specialists. If you don't believe it, visit some quack establishment in a large city. And so I say, it is not always the best-qualified man who gets the most money in our profession. With regard to the quack, the State has recently taken commendable action, but it is only a step in the right direction. We should be alert and lend a hand to the punishment of these fellows who obtain money from the sick and the afflicted under false pretences, and incidentally divert the dollars in the wrong channel.

2. The Prescribing Druggist.—There is a law for this fellow, but although it is a leak out of our own pocketbook, how often, instead of enforcing the law, we will be found hobnobbing with him, and he will be particularly affable in soliciting our prescriptions, that he may at some future time replace them with better ones of his own which he obtained from some distinguished Dr. Famous or other, and your patient, if not lost to you entirely, pays his money to the counter prescriber, and another leak is sprung in the doctor's purse.

3. The Drug Store Habit.—I will just touch on this in the form of a question. Is it not barely possible that we ourselves go to the drug store too much, those of us who dispense, even to the extent of driving our patients away from us? Many of the laity are not educated, especially among the foreign population. They think that the druggist has the medicine and they can get it from him direct. They may find out

differently, but in the meantime the doctor is a loser. I do not emphasize this point, neither do I practise it; it merely occurred to me. Since writing the above I have had the idea more definitely presented in one of my journals, "*American Medicine*." Inasmuch as it gives my own crude idea in a better form, allow me to quote it:

"The Degradation of the Drug Store.—There are in every city and village drug stores that can only be called pharmacies by a stretching of the meaning of the word beyond the recognition of etymologists. So far as concerns business, the drug part is a ludicrous fraud, as the articles on sale are a homeopathic dose of genuine drugs, and a huge oceanic mass of the 'menstruum' of soft drinks, bric-a-brac, china, silverware, and everything conceivable and inconceivable that will sell. Looked at from the professional aspect of the physician, these stores fill their windows, advertising spaces, newspapers, and bill-boards with advertisements of every nostrum which cupidity and quackery can devise, all in sharp competition with the physicians who are supposed to patronize them. And not content with this, these concerns rival the business of the nostrum syndicates by manufacturing the 'same kind' of concoctions themselves, all 'cheaper and better.' Still not satisfied with killing the doctor in these ways, they prescribe for any ailment the self-treater may describe, mix the dose and give it in 'fruit-syrup' soda-water to the walking patient. From the standpoint of the temperance reformer and the citizen, they also enter into competition with the saloons, and under the name of 'bitters,' 'cough-cures,' and all that, they sell the vilest of alcohol under the name of medicine. And we all submit, perhaps patronize. What a farce and a disgrace!"*

There is nothing that pleases us better than having "our sentiments too" expressed by some eminent authority, so I make a little flourish here.

4. That very sordid subject, Bills and Collections.—There seems to exist in the medical profession a tendency to ignore, in the presence of the patient, the monetary consideration. I know of doctors whose patient coming in to pay his bill, finds it difficult to get the statement. He is told to come again. Some other time will do. The bill is not made out, books not posted, etc. This is not finance. Where will you find a successful business man who will treat his debtors so? If we insisted on it, we could get our money among the first. There are few people but would get the doctor's fees from some source, and get them promptly, if custom demanded it. But indifference begets indifference. I believe it is up to a doctor to earn his money if he possibly can, and then to insist upon its prompt payment, or at least have a method to collect when a debtor is willing to pay.

5. The Suicide Habit.—This is the first term that occurred to me, and I have not been able to think of a better. It is well known that doctors criticize one another, and not always in a charitable spirit. I was informed of this before I began the study of medicine. I did not heed; I attributed it to failure, more or less. But I have noticed since, that I have not failed to hear the faults of a doctor from his brother practitioners. I once heard of a doctor who spoke in my favor to a patient who had been under treatment by both of us, and I was so surprised at such a thing that I spoke to him about it, and we got on this subject and he made this remark, "It is a wonder that people have anything to do with us, the way we talk about one another." And is it not so? We do constantly hear of our faults from one another, and does it not amount to ourselves defaming ourselves, ourselves dis-

*While village druggists are not entirely blameless in this respect, city druggists are the more flagrant offenders.

honoring ourselves? And is not honor more than life? We are a profession of suicides. Why is it that although medical practitioners have done more for the human race than any other class of men, we rarely hear of a great man who is a doctor of medicine? We rarely hear of a doctor of medicine who is a great man. A few years ago there was a project on foot in Washington to erect twelve statues or panels in the Capitol to twelve of the greatest men of the world's history. By great men, I take it, is meant men who have done something of great benefit to the human race. Notwithstanding that a wounded tramp would receive infinitely better treatment to-day than a wounded king two centuries ago, still not a single doctor of medicine was represented. Why was it? I'll tell you why. We are a profession of suicides. We kill ourselves as we go along. Outside of the question of ethics it is not good finance. You may find a layman willing to believe that Dr. Blank's visits are not worth anything, and even ready to concede that you are the great "I am," until Dr. Freelance gets at you, and then, those who live by the sword die by the sword. It may be I am making this point a little too plain, but before you repudiate it think of the last conversation you had on the merits of a brother M. D., and see if some doctor did not come in for a pretty severe brush, and if it was not the last, go back two or three. The remedy for this is in our own hands. All we have to do is, Stop it. It is undignified; it is unethical; it is unprofitable.

6. So-called Patent Medicines or Secret Nostrums.—What I consider another, and probably the most virulent parasite that interferes with the doctor's financial growth, is something that you probably consider of no consequence. That is doubtless true from the point of utility, but not so from the point of damage done and being done to the medical profession. I refer to so-called Patent Medicines or Secret Nostrums. You have, of course, observed the glowing descriptions, often half-truth, followed by absurd lies withal larded over with a semi-professional tone, in which the medical learning of the discoverer of the nostrum is exploited. All this backed up by the woodcut and signature of some member of Congress, or some divine—the ambassador of God. Now the layman reads these advertisements and believes them, else whence the immense amount of money expended for the advertising matter alone? Now all these advertisements carefully and artistically worded promise much. If the honest, conscientious physician cannot glibly and entertainingly diagnose the conditions and dilate on his wonderful discovery, is it any wonder that the simple will squander their money on the sure thing advertiser and pass by the uncertain prognosis of the conscientious physician?

Some time ago I saw a statement of the approximate amount of money expended yearly throughout the United States for patent and secret nostrums. Dividing this by the number of physicians of all schools, I found that it amounted to over $4,000 for each and every physician whose name appears in Polk's directory. Considering the number of physicians who have retired, others employed in wholesale pharmaceutical houses, others who are connected with life insurance companies and not depending on the practice of medicine for a living, we have an average of approximately $5,000 per practitioner. Now this money is diverted from the medical fraternity to the secret nostrum makers, yet we all look on this as a matter of no consequence, while it is manifestly one of the chief leaks in what should be our exchequer. While this evil may not be wholly eradicated, a concerted action, even among ourselves in this county will accomplish much. This would be a righteous war against what we all know to be

more injurious to our patients than to ourselves. And if conducted coolly, diplomatically, and persistently, can only end on the side of right.

For the sake of discussion and to avoid the accusation of pointing out an evil without an attempt at a remedy, I would suggest that space be secured in the papers of the county and a standing article be maintained, with the endorsement of this Society, pointing out the absurdities of the claims of patent medicines and the great probability of their doing absolute injury. Let this advertisement, if you please, stand for three months, until our next meeting, when a further attack could be made, and there is no end to what could be written on the pernicious habit of blind drugging.

I trust that our combined efforts will eventually eradicate these abuses, these blots, these excrescences on the fair name of Medicine, because it is through that name that they exist; that the prosperity of the honest Doctor of Medicine will be advanced and also the welfare of a confiding public guarded, and the boon "the greatest good to the patient" unquestionably secured.

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## THE DOCTOR

Editorial from the Escanaba, Mich., *Journal.*

Some person intimated to the editor of *The Journal* the other day that he thought we had a grouch against the members of the medical profession. We can't imagine why any person should have such an erroneous idea.

Who was it that helped us into the world, gave us the first hearty slap on the back to start the breath of life, looked into a red, puckered-up face in which no one but a mother and a doctor could see any trace of beauty and future greatness, and declared that we were the "finest ever" and was destined to become governor, president, or, possibly, an editor some day?

It was the doctor.

Who was it that was called in at all hours of the day, and who was disturbed and broken of his rest at all hours of the night to respond to the anxious "hurry" call of a fond mother, who perhaps imagined she saw the cold, clammy death sweat upon our infantile brow, and who had to smile outwardly while he raved and cussed inwardly as he assured that fond and anxious mother that "it was nothing but colic—he's only eaten too much"?

It was the faithful and long-suffering doctor.

Who was it that prescribed for us for measles, whooping-cough, mumps, stomach aches and such other incidents of childhood, and who was it that came on the double-quick in response to that hysterical maternal call, and who was it that still smiled outwardly, but damned inwardly, when by his knowledge gained by long experience he discovered that the boyish efforts to turn a heaving stomach inside out was caused by the first effort to "be a man" by surreptitiously smoking the hired man's dirty old pipe?

It was that ever-faithful, always kind, old doctor.

Who is it that is still helping to smooth out the aches and pains, by prescribing the "real stuff" when we really are sick, and a few bread pills or some pleasant, harmless "dope" when we are imagining that the last trump is about to sound for us?

It is the doctor.

Who is it that has saved our life at the several times when our good wife has presented us with new editions of the "old man," and who was it that also relieved our fears as we looked upon those miniature editions, and who smoothed away the oft-expressed doubts as to whether that red-faced, wiggling, twisting, squalling, sleeping bit of humanity could ever possibly resemble a normal human being?

It was the doctor.

Who was it that said, "I told you so," after those same editions have developed into healthy, normal children with an average amount of good looks and intelligence?

It was the doctor.

Who was it expressed the first words of sympathy when the hand of Him that had given reached into the home and took therefrom one of those dearly beloved and very precious bits of infantile humanity?

It was the doctor.

Who is it that, having helped us into the world is now busy helping us through the world, and some day will help us out of the world by making as easy and painless as possible the separation of the soul from the body; and who will be the first one to sympathize with the weeping relatives, and then go out among the living to speak kind words and tell his fellow men about the good things he found in our life that, perhaps, the world didn't know?

It will be the doctor.

God bless the doctor! Banish the thought that we have any grouch against him. The doctor is human, and, perhaps, has his faults; but, after all, knowing the faults, failings and sins of humanity as intimately as he does, isn't it remarkable that he holds his faith in mankind and goes about all his days doing good? There is the odd doctor who thinks more of the almighty dollar than he does of the higher mission of his profession, but, thank God, this kind is surprisingly scarce.

No one but God Himself should ever pass judgment upon the doctor, for He, alone, knows all about the great, sympathetic heart that beats in his breast, and that perhaps, sometimes is hidden behind a forced gruffness.

Again we say, God bless the doctor! There is no grouch here.

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## Do not forget the Forty-Sixth Annual Meeting of the Michigan State Medical Society, Detroit, Sept. 27-28

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The Third Annual Meeting of the County Secretaries Association will be held at the Wayne County Medical Building, Detroit, Sept. 26 :: :: :: :: ::

# LARYNGEAL COMPLICATIONS OF TUBERCULOSIS

NATHAN P. LEVIN, M. D.
Detroit, Mich.

It is not to be supposed that all laryngeal symptoms occurring in a tubercular individual are due to a local tubercular process within the larynx. Almost all consumptives who cough and expectorate much suffer from a low grade inflammation of the laryngeal mucosa, which is due to the constant irritation of the sputum brought up from the lungs, and to the congestion incident upon the prolonged and frequent coughing spells,—not to any local activity of the tubercle bacillus. The nasopharynx generally shares in this low grade inflammation, and along with the hoarseness and cough there is much hemming and hawking. A vicious circle is set up. The catarrh in the throat and larynx causes more coughing and more congestion, and therefore more catarrh.

This type of laryngeal inflammation is more common in phthisis than true tubercular inflammation, though Heaven knows the latter is common enough. The proportion of phthisical patients suffering from laryngeal tuberculosis is stated to be from thirty to forty per cent. My experience in a large tubercular institution in Colorado would lead me to give a much lower ratio for true tubercular involvement of the larynx, and a much higher ratio for all laryngeal complications of tuberculosis. "Rice has shown to what extraordinary conclusions one may be turned by statistics. The author finds that one-fourth of all death certificates show pulmonary phthisis, and since statistics show that the larynx is in a similar condition of disease in almost one-third of the cases, he comes to the conclusion that one-twelfth of all patients who come to treatment suffer from tuberculosis of the larynx." —(*Cornet.*)

I can corroborate Schauffer's observations upon the frequency of paresis in a vocal cord occurring as a complication of phthisis. The paresis is often slight and only discoverable by a comparison of the movements of both vocal cords. This condition seems to be a not infrequent cause of voice impairment. I recall one case in a man of forty who, in a very early stage of pulmonary tuberculosis, entirely lost his voice so that he could not talk above a whisper. A laryngoscopic examination revealed both vocal cords immobile in the cadaveric position, proving the paresis to be bilateral. Excepting for a slight amount of congestion and redness, the larynx appeared normal otherwise.

Unilateral paresis of a vocal cord generally occurs upon the side corresponding to the lesion of the lung, and is undoubtedly caused by pressure upon the recurrent laryngeal nerve, by the diseased lung or bronchial glands. This condition predisposes to the invasion of the affected cord by tubercle. The infected sputum, lodging upon the immobile vocal cord, is not easily removed, and the tubercle bacilli have a better opportunity of finding lodgment in the cord. This fact explains why tuberculosis of one vocal cord usually occurs

upon the side of the more affected apex, as pointed out by Schuffer.

Laryngeal tuberculosis is a grave complication of phthisis. The first symptoms are subjective, and commence with a slight huskiness or hoarseness, which is not constant, but may appear and disappear with the weather. The voice seems gruffer and lower in pitch than ordinary. The patient often feels a teasing, itching, tickling sensation in his larynx. One patient expressed the sensation thus: "I feel as if I would like to scratch the inside of my throat with my nails." Generally there is also a dry, irritative cough.

Symptoms like these should call one's attention to the throat, and a laryngoscopic examination should be made. Upon careful inspection the mucous membrane may appear unusually pale, and of an "ashen gray" color, which is held to be almost pathognomonic of beginning tuberculosis of the larynx. More often as my experience goes, the mucous membrane will appear reddened, as in catarrhal laryngitis. More important from a diagnostic standpoint is the occurrence of any swellings or infiltrations, generally in the interarytenoid space, or in the arytenoepiglotidean fold, or on the epiglottis. A careful comparison of both sides of the larynx will aid in the discovery of any abnormal infiltrations, for in the beginning the lesions are generally unilateral. Later as the disease progresses the infiltrations break down and ulcers are the result. On the margin of the true vocal cord these often produce a characteristic jagged appearance like the teeth of a saw. Sometimes there is crusting and scabbing over the ulcerated areas. This makes the prognosis somewhat better.

On the whole, laryngeal tuberculosis is a serious matter, and death is the usual termination. Recovery, however, is not impossible, and I have seen at least two cases where this has occurred. One of these presented the physical signs of a right apex involvement in the incipient stage, with an unmistakable ulcer on the margin of the right vocal cord. He received the usual hygienic and climatic treatment of Colorado as well as local treatment to his larynx, consisting of lactic acid applications in gradually increasing strengths. The improvement in his throat kept pace with the improvement in his lungs, and after three months only a faint scar was to be seen at the site of the former ulcer. The voice remained somewhat deeper and huskier than in its healthy state.

In view of the great frequency of throat complications in pulmonary tuberculosis, it is imperative that each case of evident or apparent phthisis be kept under the observation of a competent laryngologist. The internist, unless he is exceptionally familiar with the larynx, does not as a rule pay much attention to it. But it would be for the patient's benefit if this were done frequently.

32 Adams Ave. W.

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**Attitude of Corporations Toward Employees**

John F. Culp, Harrisburg, Pa., states that the proper attitude of a corporation toward its injured employees is the desire of the corporation that they should get well as soon as possible and that it will assist them in doing so, both for its own sake and for theirs. An example of this attitude is seen in the practice of a corporation by which the author was formerly employed. All medical and surgical attendance was assumed by the company, and the support of the family was assured by payments of a part of the normal wages of the man. In case of death a pension was given, and the children were sent to industrial schools until the age of sixteen, when they were supposed to be able to take care of themselves. As soon as work was possible for the injured man, work that he could do was found him. The first consideration was his need; the second, his fidelity and time of service. During twenty-two years there have been 20,000 accidents among the employees of this corporation with but eight suits for damages.—*Medical Record*, July 8, 1911.

# PELVIC TUMORS IN THE FEMALE*

## WITH ESPECIAL REFERENCE TO DIAGNOSIS

W. P. MANTON, M. D.
Detroit, Mich.

The cordial invitation of your Secretary to address you to-day conveyed an honor and imposed a responsibility. For the former I desire to express my appreciation; the latter I shall attempt to discharge by calling your attention to a subject of no little importance and interest, for every practitioner is liable in daily routine to encounter pelvic tumors, the detecting and differentiating of which may test his utmost skill and diagnostic acumen. The pernicious dictum, accredited to Mr. Lawson Tait, "when in doubt operate," has done much harm and brought much discredit to the profession and has no place in modern rules of practice. For the weaklings in medicine, lacking most in training and experience, are those who take advantage of such advice and, being oftenest in doubt, oftenest rush to surgery for a diagnosis which should have been carefully worked out beforehand.

As on the correct, or approximately correct, determining of the disorder with which we have to deal depends the future welfare of the patient, failure to bring to each case the most thorough scrutiny and investigation has, in the present day, no extenuating excuse. When resort to surgery must be had we should operate for definite and known conditions, and the instances in which surgical procedures are undertaken to clear up a doubtful and uncertain diagnosis should be so comparatively infrequent as to be almost negligible. From somewhat extensive observation I am sure that mistakes and failures in ascertaining the true nature of disorders, for the relief of which the patient consults the physician, are frequently and largely due to the omission of two things,non-observance and the study of the patient as a whole, and the neglect of careful history taking. Many years ago Sir George Humphrey enunciated the formula, "Eyes first and much, hands next and little, tongue not at all," which, in the main, is a good working rule. By close and critical observation much may be learned of the patient's condition before she has uttered a word, so that after this, the history and the physical examination, the diagnostic trinity, logical deduction should lead to reasonably correct diagnosis. It is to be feared that many errors result from improper reasoning and the assigning of too great importance to conspicuous but trivial manifestations, for, as Lockwood says, "The absence of a logical training is . . . one of the greatest defects in preliminary medical education." Writing in 1770, that wise old chirurgeon, Ambrose Bertrandi, states that the surgeon must "see into the whole body and on all sides with the eyes of the mind" and that "it is not of much importance to know the position, the connections and the form of a part if one does not know the use, the correlation of mechanism and the action." For anatomy, he adds, should be "reanimated, in order that the living man, who is the subject of our art, may be as well known as the cold and lifeless body." "Sizing up" the

*Read before the Saginaw and the Monroe County Medical Societies, 1911.

patient as she enters the consulting room, sits on a chair or lies in bed, gives a clue to the possibly existing disorder, and directs attention toward the solution of the problem presented. The gait and holding of the body while in motion and the conformation of the abdomen may suggest the presence or absence of pregnancy or tumors; of sensitive regions made painful by muscular action or pressure; or, as she lies with knees drawn up, to an acute or chronic abdominal inflammation or its resulting adhesions. The nutrition of the patient also tells its story. The usually healthy, well-nourished individual with benign growths and beginning malignancy; the conspicuous emaciation, from the ravages of cancer in its later stages, or of ovarian new-growths of size and long standing, are exhibits strikingly familiar.

Commenting on this, Lewers observes, "Nothing could be more fallacious than to suppose that a patient is not suffering from uterine cancer because she looks well, and maintains, or is even increasing, her weight." Whatever her appearance, he says, if she "complains of the symptoms in question (of cancer) and is known to have had five or more children, the probability that she may be suffering from cancer of the cervix is thereby distinctly increased."

The expression of the countenance is always suggestive; unchanged or "contented" in so-called harmless neoplasms, it may depict every degree of anxiety, fright and despair in cases of severe pelvic disease and malignancy, while with the large and rapidly growing ovarian cyst the features assume that "peculiar pinched expression" to which attention was called by Sir Spencer Wells under the term "*facies ovariana*."

The color of the skin of the face is often characteristic: unchanged, suffused or reddened in harmless pelvic new-growths; pale yellow to chalky in the anemia from hemorrhage in bleeding fibroids; or presenting the pale-yellowish-brown tint of the cachexia of cancer. As pointed out by Veit, the facial skin may often appear slightly edematous, most marked in a mild puffiness of the lower eyelids, when uterine fibroids are present. Chloasmata and skin discolorations are not infrequently seen in women suffering from pelvic disorders, and the dark circle around the eyes is as often indicative of local as of general disturbances.

As no one in active practice can carry in mind the details of his patients' various disorders, especially after the lapse of time, the importance of systematic case-history taking cannot be too strongly emphasized. As has been well said, diseases do not usually appear systematically arranged, as in a textbook, but more often present at an angle, with one or more, often misleading, symptom in the foreground, so that the physician must reason out and by inquiry get back to the obscure but more momentous processes which have developed in the case. Not only do carefully written notes furnish a chart of the present and past condition of the patient and the symptomatology of her ailment, thus rendering essential aid in determining the diagnosis, but they serve a useful purpose in furnishing comparative data for future reference, and refresh the memory as to treatment and the results obtained. They are also of much value in pointing out the mistakes or successes in diagnosis in cases which progress to recovery or fatal termination, or which come to operation.

Moynihan calls attention to the great importance of ascertaining the inaugural symptoms, in order that it may be determined at what point in the course of the disorder operative intervention will give the best chances for relief and cure before more serious morbid changes have taken place which render the outcome of the surgical procedure uncertain or the treatment futile. And he further shows that the study of the pathology of the living is of vastly more

importance to the living than the investigation of the terminal results of disease as found in the dead.

In obtaining the anamnesis, while it is desirable to let the patient tell her own story, undue importance must not be attached to statements made until they have been verified by physical examination. For many of the patients with whom we have to do are of nervous temperament, hysterical or neuropathic, and symptoms of small moment are often exaggerated while important points, because they have been less noticeable in causing pain or presenting visible signs, are forgotten, lightly passed over or ignored.

As illustrating the value of the case-history, two patients upon whom I have recently operated furnish illustration.

CASE I. A married woman, aged forty-three, never pregnant, consulted me March 14, 1899, for a variety of general and pelvic symptoms. At this time the uterus, which had been retroverted, was in normal position and not enlarged, but there was an almost imperceptible bulging of the right uterine horn. In October, 1906, the conditions remained essentially the same. In April of the present year (1911) she returned with many of the old complaints and a history of "smothering spells," which were among the earliest symptoms. The uterus had increased to the size of two fists, and a growth, as large as a small flattened orange, occupied the right side of the organ posteriorly. A diagnosis of multiple uterine fibroids was made.

At the operation, enucleation of the tumors was attempted, but on account of their adherence, due to inflammatory changes, the thickness of abdominal wall and depth of pelvis, this had to be abandoned and supravaginal hysterectomy performed.

CASE II. A married lady, aged thirty-six, the mother of two children, the last born seven years before, was seen in consultation with Dr. W. R. Chittick February 28th, 1907. At this time curettage was done for a persisting menorrhagia. The uterus was normal in position and size. The following month it was noted that while the body of the uterus remained unchanged the fundus was slightly enlarged, smooth and rounded, due to the presence of a small intramural fibroid. The uterine cavity measured *three and one-half inches*. In April of the same year, the bloody flow continuing, curettage was repeated and a laceration of the cervix repaired. By April 8, 1911, an enormous increase in size of the uterus had taken place, the fundus now being only three finger-breadths below the umbilicus. The organ was in the middle line and freely movable, the cavity measured *seven inches*. To April 13, abdominal hysterectomy. The uterus, the size of a child's head, was quite soft, and the tumor occupied the greater portion of the organ.

In these two cases but for the notes taken at different times no tally could have been kept of the patient's condition, nor would it have been possible to have determined to what extent growth had taken place in the tumors within the periods mentioned.

In estimating the value of symptoms, familiarity with and experience in the natural history of pelvic new-growths is of much importance, and one best posted in this respect will have less difficulty in detecting the nature of the presenting neoplasm. In every instance, whether in the single or married woman, the history of abdominal enlargement should always suggest the possibility of pregnancy, and this idea should be maintained until thorough physical exploration has positively excluded its presence. I was once caught napping and overcredulous in trusting to the statements of a supposedly respectable and innocent young unmarried woman. After a hasty and superficial examination a diagnosis of ovarian cyst was made. To my chagrin, on opening the abdomen, a five months' pregnant uterus revealed the true nature of the tumor. In the instance of a seventeen year old girl who had been sent by her physician from an up-peninsular village to the city for confinement, the indefinite story of an indiscretion committed nearly a year before was sufficient to discredit the diagnosis, while a single look at the abdomen as she lay in bed was enough to confirm the suspicion of error, which was subsequently verified by examination. I removed a twenty-five pound ovarian cyst from the

patient a few days later; but it was harder work to convince the home folks that she had not had a baby than it was to do the operation. It is difficult to arrive at satisfactory conclusions regarding the frequency of pelvic neoplasms, since statistics emanating from hospitals where large numbers of these cases are sent for operation do not fairly represent the actual number met with in private as well as in public practice. Could private records be added to those from institutions, there would probably be a considerable change in the percentages as now given. Mortality statistics from large cities are open to the same objections and fall under the same category. Many tumerous conditions may exist during a lifetime without giving rise to sufficient trouble to direct the patient's attention to them, and the host may perish from other diseases, the presence of the growth being still undiscovered.

In 9227 females affected with tumors of various kinds, Roger Williams found that 28.7% of the growths originated in the uterus, and only 8.7% in the ovaries. Broad ligament cysts and tumors of the round and ovarian ligaments were presumably not included. Of the number in which the growths were uterine Williams found,

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|---|---|
| Cancer in | 1,571 |
| Sarcoma in | 2 |
| Myoma in | 883 |
| Polypus, non-myomatous, in | 191 |
| Cystoma in | 2 |

By this it will be seen that the ratio of malignant to non-malignant new-growths in the uterus is 59.38% as against 40.62%. While cancer of the uterus is known to exist to an alarming extent, I feel quite sure from my own experience that the figures just quoted do not adequately represent the real facts, the frequency of fibroids, for instance, being placed much too low. From my own records I obtain the following approximate percentages: for fibroids, 62; for cancer, 8; for ovarian cysts, 11; for intraligamentary cysts, 6%. While taken from far too small a number of cases to be of particular value, these figures probably come nearer in representing the number of pelvic new-growths as met with in private practice.

Pain in connection with pelvic tumors is variable in its expression. A patient may carry a fibroid of considerable size for years without inconvenience or knowledge of its existence, and the growth may be discovered only by accident during an examination for other conditions. In investigating an umbilical hernia referred by Dr. C. W. Hoare, of Walkerville, I once discovered a tumor of this nature which must have grown old with the patient, but of the existence of which she was ignorant. The pedicle was long and thin, the patient fat, but the tumor weighed seven pounds. Another patient, a domestic, knowing that she had a swelling, which, however, was symptomless, requested to have it removed because it was in the way when she leaned up against the washboard. Interstitial and submucous fibroids, especially fibroid polypi, frequently give rise to much suffering, oftener during menstruation, when attempts are made by the uterus to extrude the growth, the colicky pains resembling those of abortion or childbirth. Many cases of persistent dysmenorrhea are due to small projecting fibroids or polypoid growths which are frequently overlooked. In one patient painful menstruation and interval pain was caused by two or three small submucous tumors situated in the uterine fundus and barely jutting into the cavity. Dilatation of the canal and incision of the tumor capsule entirely relieved the symptoms. In such instances the pain is undoubtedly due to tension,—the tumor enlarging without corresponding growth of the surrounding parts which, especially the peritoneum, are put on the stretch.

Fibroids springing from the posterior uterine wall, or carrying the uterus back-

ward in retroversion or retroflexion so that it impinges upon the rectum, may give rise not only to constipation and hemorrhoids, but also to painful defecation. Developing anteriorly, such growths by pressure on the bladder occasion dysuria and, rarely, retention of urine. In a case referred to me by Dr. Charles T. Southworth, of Monroe, in which a fibroid was known to exist, the pressure of an anterior boss against the neck of the bladder caused retention of urine for twenty-four hours, accompanied by great suffering. The passage of a catheter, which was accomplished with difficulty, relieved the situation, and also led the patient to consent to a hysterectomy.

Beside the pains resulting from pressure on surrounding structures, incarceration of a fibroid below the sacral promontory and torsion of the uterus or the pedicle of the growth may give rise to severe pain, the result of the induced peritonitis.

The structure, position and function of the ovary render it liable to a considerable number of cystic changes, hemorrhage into its follicles, and new-growth formations. Small tumors may remain symptomless, attention being called to their presence only when by increased growth they rise out of the pelvis. Sometimes the patient complains of a feeling of pelvic weight and discomfort on the side of development, with sacral backache and pain radiating down the leg. Occasionally I have noted a unilateral pain in the vagina, beginning at the introitus and running upward, with extension to the leg of the corresponding side. Intraligamentary cysts and tumors give rise to pain from tension and the splitting of the leaves of the broad ligament as they increase in size, and by the formation of adhesions to neighboring parts.

All pedunculated intra-abdominal tumors, dermoid cysts and solid growths of the ovary in particular, are liable to twisting of the pedicle. Acute occurrences of this nature are manifested by the sudden onset of sharp severe abdominal pains, rapid pulse and fever, generally accompanied by vomiting, constipation and marked physical prostration. If the pedicle torsion takes place more slowly, the attacks of peritonitis and the general symptoms may be less severe, but are likely to be repeated at intervals. In a case on which I recently operated for Dr. Arthur Griggs, of Saginaw, a fibroid uterus was associated with a dermoid cyst the size of a cocoanut. The patient was known to have carried the uterine tumors for some years, but the repeated attacks of peritonitis could be explained only by the presence of the dermoid, the pedicle of which was twisted one and a half turns. Ileus and rupture into the bladder or intestine are also occasional sequelae of pedunculated cysts, and give rise to pain corresponding to the acuteness of the condition.

Of all the pelvic new-growths in which pain as an early symptom would be of greatest service and value in calling attention to the condition, thus leading to timely examination and the prompt inauguration of life-saving measures in treatment, cancer in its incipiency stands out pre-eminent by the absence of this sign. When pain is complained of in the course of cancerous development, it usually marks the extension of the disease beyond the uterine borders, and the invasion of neighboring organs and parts. The cervix uteri being only slightly sensitive, extensive destruction of its tissues may take place without the suggestion of pain being present, and it is only, as a rule, when the parametrium, the bladder or the rectum become involved that pain begins to be experienced. Occasionally a cancerous node which occludes the os or cervical canal or presses on a nerve trunk or plexus may give rise to pain somewhat earlier in the course of the disease, but this is rather exceptional. Simpson pointed out, in 1864, a symptom which he considered pathogno-

monic of carcinoma of the uterus body and fundus. This consists in the daily recurrence of intermittent paroxysms of pain which sometimes lasts for hours, and may be "so intense as to cause the patient to groan continuously or scream aloud." This symptom has been confirmed by Ruge and Veit in certain cases, and appears to be due to the contractions of the uterus in attempting to expel the growth when this has assumed a polypoid form.

It must not be forgotten that in occasional instances where local symptoms of uterine cancer are wanting the pelvic disease may be manifested in mammary pain of greater or less severity. While cancer of the ovary is well known to occur, in the majority of instances, as a secondary invasion, and that dermoid cysts of this organ are particularly prone to malignant degeneration, I am not aware that pain is a marked symptom except as it arises in the developmental course in all ovarian tumors. In a recent case, age thirty-seven, referred by Dr. M. L. O'Connor, and in which primary carcinoma of the right ovary, with metastatic growth in left ovary, omentum, and pelvic glands existed, the patient was suffering from adhesive peritonitis and was so sensitive that proper examination was rendered impossible. The diagnosis had to be made from the history and subjective symptoms, which apparently pointed to the presence of a degenerating fibroid or an adherent cyst, the pedicle of which had undergone rotation. The pain incident to the rupture of an ectopic gestation sac is usually put down as coming on suddenly, of great intensity, of a lancinating, tearing character, and is often followed by physical prostration, even in cases where the hemorrhage is only slight. It is, however, not always of this type, being sometimes so little as to hardly attract the patient's attention. Moreover, this symptom may be closely simulated in other conditions, as when the sudden onset of the pain is caused by torsion of the pedicle of a stalked growth.

In a case in which all of the subjective symptoms of extrauterine pregnancy were present, I found that the condition was due to tuberculosis of the appendages and adjacent peritoneum.

Hemorrhage as a diagnostic symptom of pelvic tumors is of considerable importance. With uterine fibroids it is usual in the submucous and pedunculated varieties; it is less often met with in the purely interstitial tumor, and is least often seen when the growth is subperitoneal. The blood loss may take place at the regular menstrual periods in an augmentation of the flow, (menorrhagia); it may occur during the inter-menstrual gap; or it may be continuous, the discharge being only slightly diminished from one monthly catamenia to another (metrorrhagia). At any of these times the blood loss may be excessive, depleting the patient and leading to an acute anemia, or the flow may be so slight, more like seepage, or show in occasional spots, that the patient is not at first seriously affected and continues with good color and without sign of effects.

In my experience ovarian cystoma do not often exert particular influence on the menstrual function, save at times to give rise to amenorrhoea. In exceptional instances they may occasion a bloody discharge from the vagina which rarely may amount to hemorrhage. In cases which I have met with this has mostly occurred in women who have passed the menopause.

In cancer, hemorrhage or some loss of blood is usually the first intimation which the patient has that something is wrong. Bleeding is not, however, always a prominent symptom, being slight and perhaps even absent until the very latest stages of the disease, as in the scirrhous forms of the growth.

When an increase of the monthly flow

takes place at the climacteric, or a (supposedly) return of menstruation occurs following the establishment of the menopause, the sign should be looked on with much suspicion. Stratz calls attention to the fact that a discharge of blood following coitus may be indicative of malignant changes in the cervix; and it is well known that when this is present any severe bodily exertion, straining at stool in constipation, etc., may precipitate a flow. On account of the insidious nature of cancer, its great prevalence and fatal outcome, and the curability of the disease could it be dealt with in its earliest stages, it is the duty of the physician to warn his patients of the dangers of procrastination when symptoms of any kind, and especially pudendal bleeding, attract attention to the pelvic organs. Could every woman of the age of thirty and over be compelled, by legal enactment, to submit to local examination by a competent physician at least as often as once every three months, and malignancy so discovered be promptly dealt with according to modern surgical methods, cancer of the uterus and adnexa would soon become shorn of its hideous aspect and sink to the least of all surgical disorders in mortality statistics.

I shall not attempt to discuss the many points which might be taken up in regard to the physical examination, but will call attention to one or two matters which, it seems to me, are not sufficiently appreciated or at least do not appear to be carried out with any regularity in practice. In determining the pelvic condition, it is not enough to make a combined examination and with the hand underneath the woman's clothing attempt to palpate the abdomen. Before anything else is done the belly should be bared from ensiform to pubes and a systematic search made for whatever may be wrong below the parietal covering. Before a hand is laid upon the abdomen a careful inspection of the latter should be made and all discolorations, enlarged superficial vessels, scars and surface abnormalities carefully noted. The general contour of the abdomen should then be observed, whether it is regular or projecting at certain points, and whether at these places the upper limits seem to rise and fall or the prominence remains fixed during natural respiration or on deep in- and expiration. With free ovarian cysts no movement of the umbilicus is seen, but the movement is more or less marked when adhesions to the abdominal wall have formed. It should be observed whether the abdomen is regularly and symmetrically enlarged, as in ascitic accumulations; whether the upper limits of the swelling slope gradually toward the epigastrium, as in pregnancy, or fall off abruptly, as in fibroid tumors; or whether the prominence is broken into more or less regular projections or is developed on one side of the median line more than the other, as in multilocular ovarian growths, etc.

A projecting umbilicus with open ring is almost always indicative of free fluid in the abdominal cavity.

In all cases of abdominal enlargement, careful measurements will afford considerable information regarding the presence of ascitic fluid, and the side from which the new-growth has probably developed. When ascites is present, the greatest girth is found at the level of the umbilicus; with ovarian tumors it is usually below this point. Measurements are taken from pubes to umbilicus, from the latter to the ensiform, and from the anterior superior spine of the ileum to the navel, on each side. Following mensuration the abdomen should be carefully palpated and the presence of sensitiveness and tumors or displaced organs determined. In doing this it is well to have a general plan of procedure, and not to press indiscriminately over the whole abdominal surface. My own method is to begin at the

left hypochondrium and follow down the colon, pass across the hypogastrium and proceed upward along the ascending colon to the right lower ribs. In this way all of the abdominal organs are gone over, and changes in position and size noted. Pressure at the various points which are supposed to indicate involvement of the appendix, the sexual apparatus, stomach, duodenum, and the lower colon should be systematically carried out, and the mobility of the kidneys determined. Following this the abdomen is percussed and ausculted. Last of all, bimanual examination of the pelvic organs is made.

Incidentally it may be mentioned that ascites accompanying an abdominal tumor is almost always significant of malignancy. Hydroperitoneum is very rarely met with in the presence of uterine fibroids; is frequently present with ovarian dermoids, and, in my experience, is always associated with papillary proliferous ovarian cysts.

32 Adams Avenue West.

## SURGICAL SUGGESTIONS

(*American Journal of Surgery.*)

Septic endocarditis may result from a localized osteomyelitis that has gone on to spontaneous cure.

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Don't abandon a case of sarcoma as incurable without a thorough trial of Coley's fluid. The results are sometimes remarkable.

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Broad sessile warts are best removed by the application, under water, of the Oudin high frequency current by contact with the tip of an insulated copper conducting cord.

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Eversion of the foot, shortening of the extremity, elevation of the trochanter, spell fracture of the neck of the femur. Manipulation is unnecessary to the diagnosis.

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When dealing with blank cartridge injuries, no consideration for the integrity of the muscles should limit the thorough exposure of every part of the wound; but the larger vessels should be, and the nerves must be, spared.

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In post-operative or other simple retention of urine, even if such devices as enemata, hot water bag over the bladder, the administration of spiritus etheris nitrosi, dipping the hands in hot water, and producing the sound of running water, fail to provoke micturition, catheterization may often be obviated in the female by the simple trick of placing the patient on a well warmed bed-pan in which has been poured a little spirits of turpentine.

The history of typhoid several years previously will explain many cases of otherwise obscure localized bone abscess. The perforating cortical ("shirt stud") abscess is characteristic of typhoid infection.

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It is well known that trauma may determine a virulent octeomyelitis, requiring prompt attention. It is not so well known that it may determine a milder type of bone infection that soon recedes without operation. The former is most often met with in children, the latter in adults.

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The old treatment of fracture of the neck of the femur by Buck's extension is as bad as it is archaic. In all but very old and very feeble subjects reduction and fixation in plaster by Whitman's method is the treatment of choice.

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What appears like a mild cellulitis or beginning erysipelas following a rat bite is apt to be the local manifestation of a "rat-bite fever."

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Even in the absence of a suggestive history, one should bear in mind the possibility of a foreign body as the cause of localized pain, tenderness, inflammation or impaired function, when the cause cannot otherwise be determined.

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Needle thrusts are often only slightly painful and thus it occasionally happens that there is buried in the tissues a fragment of needle, the entrance of which the patient did not appreciate or has quite forgotten.

# FRACTURES*

C. H. SAMPLE, M. D.
Saginaw, Mich.

During the past twenty years there have been but few new books published upon the subject of fractures. The Journals have given scant space to the subject. They are given over to articles upon abdominal or cranial surgery, or operations upon the thyroid glands or the prostate,—surgical conditions that the general practitioner can do but little with, for the lack of facilities. By far the most important part of the general practitioner's surgical work will be the treatment of fractures and dislocations,—important because upon his skill will, in a large measure, results depend. He must meet the emergency and be prepared to act at once. Again will the doctor be reminded of the importance of fractures when he is hurled into court to defend himself against an action for damages. About 75% of the damage suits brought against physicians are on account of alleged improper treatment and bad results in their handling of fractures. A deformed limb, after having been treated by a physician for fracture, will easily cause a verdict in favor of the plaintiff. I call your attention to this to impress upon you the importance of this branch of surgery. Whenever you undertake the treatment of a fracture, you, in a measure, take your reputation in your hand. Every fracture, however simple, should be handled with exceeding care. Diagnosis is not always easy. In making a prognosis, always be guarded. It is much more satisfactory to have results better than you promise.

In a short paper I can call your attention to only a few of the more important points connected with the treatment of fractures. Apposition, retention, and rest are the three points necessary to the attainment of a good result. It would hardly seem necessary to mention the fact that in trying to make a diagnosis the injured limb should be carefully handled. I have more than once seen a simple fracture converted into a compound fracture by rough handling. No less care should be exercised after a patient is under an anesthetic. A history of the accident, the patient's sensations and history of previous accidents, should be obtained; then careful inspection of the limb should be made. Preternatural mobility and bony crepitation are the two most positive diagnostic signs of simple fracture.

Before dressing a fracture, the injured limb should be made surgically clean. If there is much difficulty in reduction, an anesthetic should be given. If crepitus is absent, it is probably due to some of the soft-tissues getting between the ligaments. The ends of the ligaments may be disengaged by manipulation. If this is impossible, then an incision should be made converting the simple fracture into a compound one; the ends freed of intervening tissues and brought together. If there is a liability of difficulty in keeping the bones in apposition, they should be

*Read before the Tuscola County Medical Society, March, 1911.

drilled and held together by wire or other suitable material. I have used chromo-sized catgut instead of wire, and have had good results. If silver wire has to be removed, you are liable to experience considerable difficulty in doing it, whereas the catgut does not have to be removed. If there is impaction, the impaction should always if possible be broken. In doing this you will obtain a much better result.

Your first dressing should be as simple as possible to meet the indications. In fracture of the shaft of the bone in the fore arm and leg, the dressing should include the joints above and below. If a fracture is complicated by a dislocation, apply splints to the fracture before attempting a reduction of the dislocation. Never bandage a limb before applying a splint. Have splints well padded with sterilized cotton,—absorbent cotton will not do. The splints should be just tight enough to retain the fragments in apposition (not tight enough to obstruct circulation). A lower limb will bear a much firmer bandage than an upper one, on account of the venous circulation. In the arms the veins are more superficial. The limb should be examined every twenty-four hours for the first five days, and dressing adjusted if necessary. After the first week gentle massage of the joints adjacent to the fracture should be practiced every day. Splints are as a rule retained too long. An equally common fault is in removing them too early. Frequent inspection of the limb will determine the time to remove them. Immovable dressings, in my opinion, should not be applied early. If plaster of paris or similar substances are used, they should be applied in a way that they can be easily removed.

After permanent removal of retention apparatus, the treatment of a fractured limb is not complete. Massage of the limb should be practiced daily until the joints, muscles and tendons are perfectly flexible. This should not be entrusted to unskilled hands. It should be done by the surgeon or a skilled assistant. To get good results from massage, the splint should be removed early, and extreme care should be observed in its application.

I have not as yet alluded to the X-ray in the diagnosis of a fracture. The X-ray apparatus is not always at hand. If at hand, it is not infallible. A picture to be useful must be taken by an expert. In doubtful cases it should be used if possible. If circumstances permit, it should be used in all cases. In comminuted fractures all small pieces of bone should be removed. Larger fragments should be placed in position if possible, and retained by wiring. If the fracture is complicated by injury to the blood vessels, they should be ligated above and below the point of injury. Severed muscles, tendons and nerves should be sutured. It is hardly necessary to say that the wound should be freely opened, so as to make all injured parts readily accessible. The operation should be done under strictly antiseptic conditions. Drainage should be used if necessary, and usually it will be necessary. Dressings should be applied so as to make the wound easily accessible.

A brief allusion to some special fractures may not be out of place. Fracture of the olecranon, patella, and neck of the scapula are never satisfactorily retained by splints of any sort. I think as a rule they should be wired, and then splinted or not, as the operator thinks best. Some fractures of the clavicle and fibula are more successfully treated in this manner. It is an open question whether a splint is necessary in the treatment of Colles' fracture. It is a fracture that is seldom properly reduced. Impacted fragments are not separated and put in proper junction. If properly reduced, there is very little danger of displacement. Sir Astley Cooper

called attention to the proper reduction of the fracture and placing the arm in a sling as the best form of treatment. Many splints and dressings have been devised, and all have their advocates. More or less stiffness and deformity frequently follow this fracture. Some surgeons assert that splints and dressings are more likely to cause stiffness and deformity than to prevent it. I have almost invariably used S. M. Moore's dressing. Donald Maclean discarded dressings entirely. His results were as good as any I have ever seen. This form of treatment was denounced by Frederick Hamilton as unsurgical and not worthy of consideration, yet I did not observe that his results were better than those who used no dressings. In my opinion proper reduction and support in a sling reaching to the wrist, and frequent massage, is likely to give as good result as any treatment.

In concluding I will present for consideration some material that I have used in the treatment of simple fractures during the past twenty years. It has proved quite satisfactory, is easily obtained, is clean, always ready, and easily applied. The coaptation splints are easily constructed, with materials always at hand, and easily applied when applicable at all.

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## FRACTURE OF THE PATELLA WITHOUT SEPARATION

More than any other joint-region in the body—not excepting the shoulder—that of the knee is subject to a variety of painful affections. And as these pains are more common than in the other joints, so are they more elusive of anatomical interpretation. Indeed, in many instances of "pain in the knee," especially those that arise spontaneously, one may be at a loss to determine whether the lesion lies within the joint, in one of the structures about the joint, or even in some tissue more or less remote. To be sure, a serous joint effusion strongly suggests an intra-articular disturbance, but that evidence, by itself, is not always conclusive; synovial crepitation, too, may lead the way to the diagnosis, but it is often a deceptive sign. It may be found equally marked in the opposite knee, and it is not uncommon in individuals suffering no disability whatever.

In the more serious affections of the knee, fracture, displaced cartilage, neoplasm, inflammatory processes, the X-ray will declare the lesion, often very definitely. But, unfortunately, in those more common minor painful affections to which we have referred, skiagraphy is usually of little or no service. It is always worth while, however, to secure an X-ray picture, both because it is of value to know that it reveals no unsuspected lesion and because, once in a while, it does demonstrate a quite unsuspected process.

We would call attention here especially to one type of injury in which only the radiograph may establish the diagnosis—transverse fracture of the patella without separation of the fragments. Stimson* says that only "in rare, entirely exceptional cases the fibrous covering of the bone may remain untorn." No doubt this type of patella fracture occurs only occasionally, but its incidence must be more frequent than its recognition. A. E. Johnson reports three cases in *The Lancet*, January 12, 1911. In all of his cases there was but little disability and the X-ray made the diagnosis.

Occurring by muscular violence in much the same manner as might a sprain, and presenting as signs and symptoms only pain and moderate disability and effusion, transverse fracture of the patella without rupture of its fibrous envelope should be borne in mind as a possibility when one is dealing with what appears to be merely a sprain of the knee. In spite of the absence of separation and of marked disability, the recognition of the condition is of great importance to the patient, since it determines the necessity for immobilization and recumbency to avoid possible tearing of the aponeurotic covering of the bone and its lateral expansions.—WALTER M. BRICKNER, *American Journal of Surgery*, April, 1911.

*"Fractures and Dislocations," fifth edition.

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SEPTEMBER

# EDITORIAL

## FORTY-SIXTH ANNUAL MEETING

THE program for the 46th Annual Meeting of the Michigan State Medical Society is published in this number, and we respectfully invite your attention to it. The secretaries of Sections have labored earnestly and are justly proud of the scientific entertainment provided. Oftentimes their labor has been the disagreeable one of declining papers on account of the program being already full.

The popularity of our annual meeting is becoming more manifest each year by the large number of applications for place on the program that cannot possibly be filled within the time limit.

Probably the coming meeting of the State Society in Detroit will be very largely attended, and in expectation thereof the committee in charge are making very elaborate arrangements for the comfort and entertainment of visiting members. Automobiles will meet all trains on the afternoon and early evening of September 26, to carry members and their ladies to their hotels. All section and general meetings are held at the Hotel Pontchartrain, on the large convention floor, where a most instructive scientific exhibit will be shown instead of the customary commercial exhibit.

For entertainment, the Committee on Arrangements offers an open house at the Wayne County Medical Building the evening of September 26, a reception with refreshments and vaudeville, evening of September 27, at Hotel Pontchartrain, and automobile rides for all visiting ladies.

The scientific program is very attractive, and with the above-mentioned social features should entice nearly every man from the State to come and bring his wife.

To you all, the Wayne County Medical Society extend a most cordial welcome.

## MEDICAL DEFENCE IN MICHIGAN

THE Secretary is frequently asked, Is the State Society actually defending its members in malpractice suits? To date, twenty-eight cases have been reported to the committee, eleven for 1910 and seventeen for 1911. Of these, eight suits have been started, one tried, lost, and appealed. Some of the others will go to trial, but not all. We are handling every case where men are entitled to defence; have advised settlement instead of litigation in five cases, and in three this advice has been followed without any money damages; one is still under consideration, and in one an insurance company paid the amount asked.

Probably most of these cases originate from some criticism of result by a competitor. Given an unsatisfactory result, an attorney is easily found who is ready to threaten the doctor, but does not sue on speculation unless supported by medical testimony.

Jan. 1, 1910, the Michigan State Medical Society began defending its members against suits for malpractice. The first year two or three of our counties failed to avail themselves of this feature of the Society work, and one man, at least, from one of these counties was compelled to make his own defence. Beginning Jan. 1, 1911, the defence feature of the Society work was extended to every member in good standing in the Society.

In four 1910 cases and three 1911 cases the defence fund was not liable. Two were started before our work began and five were in arrears. Of the first two one was tried, with verdict of no cause of action. Of the five in arrears so far one case has gone to trial. We have offered to handle all these cases on a guarantee by the doctor to pay the cost of trial, and in the one case tried, assisted materially in the prepaiation of the appeal.

An important feature of our plan of Defence for civil malpractice is that we defend any case, no matter when the cause of action occurred, with the exception that no case will be defended if the cause of action occurred while the member was in arrears for dues after June 1st of any year. In other words, if a member who has not yet paid his dues, has a fracture case on June 2nd, or September 1st, or any other date after June 1st, and the dues are still unpaid, any malpractice suit growing out of that case will not be defended by the State Society. This provision is manifestly fair, for we cannot do business without collecting these dues, and the time to pay them is the beginning of the year, or the last of the year previous. Considering the prevalence of malpractice suits, it behooves all our members to keep their dues paid promptly. Five cases have come to our attention so far against men in arrears. Attorneys will soon learn, if they have not already done so, that the man in arrears is the easiest prey.

A very large part of our cases are fracture cases. We know of three fracture cases tried in this State the past year, and in all a jury gave damages. On any question of fact caused by a discrepancy in testimony of plaintiff and defendant, a case is apt to go to the jury, in which case a verdict against the doctor usually results.

In 1910 we had four fracture cases, and ten in 1911, besides two dislocation cases—sixteen in all. More than half of the cases brought to our attention have been from fractures or dislocations, showing the danger to the doctor in this class of work. Would it not be well to always insist upon counsel in such cases?

Often we hear the statement that malpractice suits occur mostly in large cities, but ours have been differently distributed. By Councilor districts they are:

1st district, 14 cases; 3rd district, 1 case; 4th district, 3 cases; 5th district, 2 cases; 8th district, 4 cases; 9th district, 1 case; 11th district, 1 case; 12th district, 2 cases.

Half of our cases have occurred in the smaller cities of the State or in country districts, ten being in communities of less than five thousand people.

## "GETTING DR. WILEY"*

AS variously reported by newspapers unafraid, by "Collier's," and by the Medical Press, the Advertisers Protective Association, whose only address is a lock-box in the New York post-office, have announced that they will "get" Dr. Wiley. They will demand a pledge from the next candidate for President of the United States that he will remove Dr. Wiley, else "he cannot secure support of the Association."

Since Dr. Wiley began his work for the protection of the health of the people, and especially since he started his "poison squad"

*Facts in this editorial are taken from the medical and lay press.

in investigation of food preservatives, he has had powerful enemies.

Dr. Wiley's investigation led him to condemn benzoate of soda as a food preservative, claiming it to be an insidious poison. This struck at the very life of many of the prepared food makers, pickle factories, etc. An appeal was made to the Secretary of Agriculture and to the President, with the resulting appointment of the Remsen Board—a board to review Dr. Wiley's findings regarding food preservatives. The verdict of this Board was acceptable to the food manufacturers, but did not entirely relieve their trouble, for Dr. Wiley began a campaign of publicity, taking the people into his confidence regarding food preservatives and creating a public sentiment against them.

But this has been only a small part of Dr. Wiley's activities. He has vigorously enforced the Pure Food and Drugs Act, so far as he was allowed—hampered as he was by the two other members of the "Food and Drugs Inspection Board," McCabe and Dunlap. It has long been supposed that this Board was formed for the purpose of curbing Dr. Wiley. It was Dunlap who, while temporarily "acting chief of the Bureau of Chemistry," in the absence of Dr. Wiley, prepared the present changes. McCabe was a member of the Committee of Personnel which recommended Dr. Wiley's dismissal. Attorney General Wickersham approved the findings, and recommended to the President that Dr. Wiley "be permitted to resign."

The charge is that Dr. Wiley technically violated the "law" in employing an expert at a yearly salary for which he was to serve enough days to make his compensation $20 per day. Technically this is a violation of the "law"—but how about the Remson Board appointed by Secretary Wilson?

This board of five were at work, from March, 1908, to December, 1909, and received $86,793, over $17,258 each, for a period of twenty-two months during which they were not continuously employed. The "law" only allows $4,000 per year for continuous employment.

Attorney General Wickersham is himself facing charges of employing experts at a higher rate of pay than allowed by "law": Frank B. Kellogg, special counsel in Standard Oil case, $77,000, Henry L. Stimson, in Sugar Trust case, $85,000, etc., spending $845,000 in two years for "special counsel."

Both Wiley and Wickersham, in employing "special counsel" at unlawful rates of payment, were working for the good of the people. Wiley spent $1600 for the people's health, Wickersham, $845,000 for their pocket-books; but the latter condemns the former. The grosser violator of an unfortunate and unjust "law," if law it is, condemns the lesser. Manifestly Dr. Wiley should have spent a round million dollars on "special counsel" instead of "scientific experts," and he would fare better.

It is the commonly accepted opinion that the powerful interests, food manufacturers, canners, patent and proprietary medicine manufacturers, whiskey-makers, sugar trust, etc., have been "after" Dr. Wiley for years. They have been watching for a chance to "get him," and now, after years of careful watching, are constrained to "get" him on a petty charge of a technical violation of the law.

Congress has begun an investigation of this whole affair, in an endeavor to find "the dark gentlemen in the wood pile," and let us hope it will be successful.

And Congress is learning some things. Dr. Floyd W. Robinson claims that he was "dismissed for the good of the service" by Secretary Wilson upon the suggestion of McCabe and Dunlap. This dismissal came just after Dr. Robinson as a court witness vigorously supported Dr. Wiley's claim as to the harmfulness of benzoate of soda.

An interesting item of Washington news is the testimony, before the Investigation Committee, of Dr. L. F. Kepler, whom the Committee on Personnel recommended be reduced in rank. Dr. Kepler testified that no officer connected with the Department of Chemistry is allowed to confer with U. S. District Attorneys in prosecuting cases, neither are they allowed to converse with members of Congress, or interview court witnesses in prosecutions instituted by the Bureau, without a written permission from Commissioner McCabe.

The case against Dr. Wiley, it appears from the investigations of the Congressional Committee, is based on the carbon copy of a letter written to Dr. Wiley by Dr. Rusby, but never sent. This carbon copy, used by the Personnel Committee to prove that Dr. Wiley knew about the Rusby contract, found its way to Washington, and was "edited," according to Dr. Wiley's testimony, before being used. The words, "We have agreed upon the following arrangement as fair and satisfactory, if approved by the Department," the most important part of the letter, in the light of present developments, were deliberately left out. Dr. Wiley testified that he never received this letter and knew nothing about the arrangements made with Dr. Rusby.

The following is from an editorial in the *Washington Times* August 9: "There has now been bared the evidence of a general purpose to reverse the very purpose and spirit of the pure food law. Passed as the national supplement and complement to the pure food efforts of the states, it appears that under the Machiavellian manipulations of this man McCabe, it has been diverted from its original purpose and made, so far as possible, the means of defeating the state laws."

Let the pot sizzle. Dr. Wiley may come out of the fracas unharmed,—we hope sincerely that he will,—but others may get their fingers burned.

## INCREASE IN SALARIES OF THE MARINE HOSPITAL SERVICE MEDICAL OFFICERS

SENATE bill 2117, introduced by Mr. Martin, of Virginia, in the United States Senate, has for its object the promotion of efficiency of the Public Health and Marine Hospital Service. It aims to make the salary of the medical officers of this service correspond with that of those of equal rank in the Army and Navy service. A few years ago the salary of the medical officers of the Army and Navy service was increased, but at that time, for some reason, the officers of the Public Health and Marine-Hospital Service received no increase. The duties of this service are arduous and are of vast importance to the general public. The officers of this service have for years served with those of the Army in times of war and peace in the prevention and cure of disease. They are subject to frequent change of station, with the financial depletion involved, when they have to transport their families at their own expense. It would seem that the medical officers of the Public Health and Marine-Hospital Service are entitled to the same pay as officers of equal grade in the Army and Navy service.

## NEW STATE MEDICAL JOURNAL

WE have received the August number (the first number) of the Journal of the Medical Association of Georgia. It is a very creditable little Journal of thirty pages besides the advertising. The editor is Dr. W. C. Lyle, Augusta, Georgia, and we take pleasure in welcoming him to the ranks of official medical journalism.

The text of the new Journal is, as with other official organs, what the members make it, and usually good; the individ-

uality of the editor is shown by the general appearance and happy arrangement of the Journal.

## IN MEMORIAM

Henry Alexander Cleland, M. D., University of Michigan, Ann Arbor, 1861; formerly president of the Detroit Academy of Medicine, and a member of the staff of the Children's Free Hospital, also a member of the Michigan State Medical Society and the Wayne County Medical Society, a veteran of the Civil War, in which he served as assistant surgeon of Michigan Volunteers, died at his home in Detroit July 19, from heat exaustion, aged seventy-two.

Malcolm Graham, M. D., Long Island College Hospital, Brooklyn, 1865; a member of the Michigan State Medical Society and vice-president of the Hillsdale County Medical Society, a life member of the State Horticultural Society, well known as a scientific fruit grower, died at his home in Jonesville, July 17, from the effects of an accidental fall six weeks before, aged sixty-two.

Dr. David James Lackie, of Grindstone City, Mich., died at his home August 1, of pernicious anemia, after an illness of almost two months. He was born in Ontario, Canada, March 28, 1878, entered Saginaw Valley Medical College in 1901, and graduated from the Detroit College of Medicine in 1905. He immediately began work at Grindstone, and had enjoyed his lucrative practice for only about six years when death summoned him. He was an active member of the Huron County Medical Society, rarely missing a meeting, and was its delegate to the State Society two years ago. By his kindness and sympathetic spirit he has made many friends, both within and outside of the profession. He leaves a sorrowing wife and son, the latter being only fifteen months old.

Leonard E. Knapp, M. D., Cleveland University of Medicine and Surgery, 1869; for several years president of the village of Fenton, Mich., and a member of the board of education, died at his home, July 14, from paralysis, aged sixty-eight.

## GRADUATE MEDICAL STUDY IN VIENNA

### LETTER FROM COLLINS H. JOHNSTON, A. B., M. D., OF GRAND RAPIDS

As the American physician's medical Mecca, Vienna is deservedly popular, and will undoubtedly remain so for a good many years. There may be some good reasons for considering Berlin to be the Æsculapian center of the world to-day, and some men prefer Berlin, London, Paris or one of the smaller German universities for post-graduate work. But Vienna's popularity depends upon conditions which do not obtain elsewhere, and which in the future will differentiate it still more from all other places. When a physician decides to give up temporarily a practice which has taken years of time and patient toil to acquire, for the purpose of putting some of his hard-earned savings into his brain, there are three conditions indispensable to the largest possible returns from the time, labor and money he must necessarily expend. First, an abundance of easily accessible clinical material; second, enthusiastic scientific teachers; third, a large number and variety of autopsies. These conditions are met in Vienna in a pre-eminent degree. The clinical material is concentrated largely in the Vienna General Hospital, so that practically no time whatever is lost in going from one clinic to another, thus enabling one to do an amount of work in a short time that is impossible in Berlin or London, where much time is lost in going from one hospital to another, often several miles apart. For instance

in taking a course in infant feeding with Finkelstein, in Berlin, thirty minutes are required to go from my pension to the hospital, and almost an hour to reach his assistant in the afternoon. Inasmuch as the Vienna General Hospital has 2600 beds and an out-patient department wherein 400,000 patients are treated a year, there is no dearth of clinical material such as has been so painfully evident in more than one place where I have pursued post-graduate work in the past. In the next place, Vienna has a lot of men, professors, privat-docents, and assistants, who have plenty of time to teach, and who are filled with the true scientific spirit so strikingly exemplified in Dr. William Osler. When Dr. Pepper died, a committee from the University of Pennsylvania, headed by Dr. S. Wier Mitchell, went to Baltimore to try to induce Dr. Osler to accept the vacant chair of medicine. As an extra inducement, one of the committee said, "Dr. Osler, if you will come to Philadelphia we will guarantee you a practice of $100,000 inside of two years." "That is just why I don't want to go," replied Osler. "I haven't time to earn $100,000 a year. I would rather remain here and devote my time to teaching." He once told me that he never possessed $1,000 at one time until after he was forty years of age. I asked him what he had done with his money. He stated that whenever he got $500 together he went to Europe and spent his time in the wards and laboratories of some hospital until it was gone. This is the spirit that seems to actuate the teachers of the Vienna Medical School.

About two months ago my brother, who was passing through Italy, came to Vienna to consult a skin specialist and an aurist. I had previously referred him to two Chicago men, each of whom charged him $25 for consultation. He visited two of Vienna's eminent specialists, at their private offices, was given about one half hour of time, and charged $2 for each consultation. He was quite prepared to pay at least as much as he had at home. Many of the instructors take much more interest in teaching and scientific work than in private practice. The pathologists are not permitted to practice medicine at all, whereas in Paris there are no professional pathologists, the men in charge of the pathological laboratories being physicians to the hospitals and engaged in private practice. The position of assistant or privat-docent is one of great honor, and much striven for, and a man who reaches the dignity of professor is pretty sure to have earned the distinction. I know of a man who graduated at the Vienna Medical School about fifteen years ago, and who has returned for two months of post-graduate work every two years, who is seriously considering giving up a practice of $35,000 to $40,000 a year in one of the large Western cities of the United States to accept a position of privat-docent in Vienna which carries with it no salary whatever. The result of this enthusiastic devotion to scientific medicine was well illustrated last month by Von Jagic, the most popular teacher on the heart. His class is supposed to contain six men, but in July there were but two applicants. They were, however, so desirous of getting the course, that Von Jagic gave it to them, one hour a day five times a week for four weeks, for which he received the sum of $20.

There are over 2,000 deaths a year in the General Hospital. All these cases, with a few uninteresting exceptions, are "posted." The courses in pathology are the most popular and most of the men take one or more, whatever kind of work they may be pursuing. Prof. Stoerk, a young man of about forty or forty-five years of age, whose father was a distinguished laryngologist in the Vienna Medical School, does most of the teaching in gross pathology. He has been in the pathological department twenty-one years, and told me he had seen over 40,000 autopsies. He gives two courses, one in German, limited to twenty students, and one in English limited to twenty-two. The classes are held in the section room of the pathological laboratory where, seated about the post-mortem table, you listen for 1½ hours to Stoerk while he lectures upon the organs of four or five of the most interesting autopsies of the previous two or three days. A man who has practiced medicine for any length of time cannot follow one of these courses long without having a flood of light thrown upon more than one of his own cases at home which had heretofore been wrapped in obscurity. As Canfield, of the University of Michigan, said one day while sitting next to me, "Stoerk gives corking good lectures." Two of his assistants give courses to classes of five, which enables one to get a more intimate acquaintance with pathological conditions than is possible in the lecture courses. Two or three times a week, depending upon the amount and character of material available, the members of the class gather about a table upon which are placed, in large trays, the organs of five cases, and spend an hour in looking them over. The assistant then comes in and two or more hours are devoted to

studying the specimens with him, during which time each member of the class demonstrates one case.

To illustrate the number and variety of courses that may be taken in a short time, I asked some of my friends who are interested in different lines of work to give me a list of their courses for a month or two. The following were those taken by Dr. Benjamin Gleeson, of Dansville, Illinois, in May and June, all of which were given in English:

MAY

8–10 A. M. Anatomy and pathology of the eye.
10–11 " Clinical diagnosis, nose and throat.
11–12 " Clinical diagnosis, ear.
12–1 P. M., Anatomy and functional testing of the ear.
4–5 " Operative course on the ear.
5–6 " Ophthalmoscopy.
8–9 " Anatomy of the nose, throat, and accessory sinuses.

JUNE

8–10 A. M., Ambulatorium clinic, eye and ear.
10–11 " Bacteriology of the eye.
11–12 " Ambulatorium, eye and ear diseases.
1–2 P. M., Operative course on the eye.
2–3 " External diseases of the eye.
3–4 " Cranial complications of ear diseases.
4–5 " Operations on the ear.
5–6 " Diagnosis and treatment, eye muscles.
6–7 " Operative course, nose and throat.

W. L. Ballenger, Professor of Laryngology, P. and S., Chicago, T. H. Halsted, Professor Otology, Medical School, Syracuse, N. Y., and J. W. Murphy, Professor Otology, Miami Medical College, Cincinnati, took these courses for five weeks.

Dr. Phillip Shaffner, of Chicago, a skin specialist, pursued the following schedule for two months:

9–10 A. M., Skin clinic—demonstration of about six cases.
10–11 " Dispensary, 40 to 60 cases each day, no lecturing.
11–12 " Prof. Finger's lecture with demonstrations.
12–1 P. M., Clinic, about same as 9 to 10.
2–3 " Clinic.
3–4 " Skin diseases in children—three times a week.
3–4 " Histopathology of skin diseases three times a week.
5.30 to 6.30 Skin clinic as above.

The last mentioned was the only one of these courses given in English. Dr. Shaffner spent four or five months in skin work in Berlin, and three months in Vienna, so is able to speak intelligently of the comparative merits of the two places.

Dr. Grace Hendricks, of Jackson, Mich., who was in Vienna from December until July studying gynecology and obstetrics, was good enough to give me a list of her courses for two months as follows:

9–10 A. M., Gynecological clinic, Polyklinik, Bondi.
10–11 " Operations on cases previously examined in Wertheim's clinic.
11–12 " Histology and pathology female generative organs, Frankl, Schauta Klinik.
4–5 P. M., Gynecological diagnosis, Wertheim Klinik.
6–7 " Gross pathology, Frankl.

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8–9 A. M., Operations on previously examined cases in Schauta Klinik.
9–10 " Polyclinik, Gynecological diagnosis, Bower.
4–5 P. M., Gynecological diagnosis, Christofoletti, Schauta Klinik.
5–7 " Obstetrics, Schauta Klinik.

The following was my own schedule for three months, with the number of students in each class in parentheses:

MAY

8–9 A. M., Tuberculosis, diagnosis and therapy (2).
10–12.30 Diagnosis, internal diseases, ward clinic (12).
2.30–5 P.M., Ambulatory clinic in children (2).
5.30–7 " Gross pathology (20) and (5).

JUNE

8–9 A. M., X-ray diagnosis, chest and abdomen (5).
9.45–10.45 Ward clinic, general medicine (10).
11–12 " Diagnosis, diseases of abdominal organs (6).
2.30–4 P.M., Tuberculosis, diagnosis and therapy (2).
4–5 " Ward clinic, heart and lungs (6).
5.30–7 " Gross pathology (20) and (5).

JULY

8–10 A. M., X-ray diagnosis, chest and abdomen (4).
10–11.30 Diseases of children (8).
11.30–1 Diseases of the heart (2).

2–3 P. M., Laboratory course internal secretions (10).
3.30–5 " Syphilis and gonorrhea (8).
5–6 " Tuberculosis, diagnosis and therapy (2).
6–7.30 " Nose and throat (4).

The majority of these courses were given in German, and this brings up the question whether a knowledge of German is essential to graduate work in Vienna. Speaking generally, I should say it is not necessary but quite desirable.

There are no courses whatever given in English in Berlin, and all courses in Vienna would be more valuable if given in German. Such men as Kovacs, Von Jagic, Holzknecht, Schlesinger and Eppinger can speak very little, if any, English, and even the men who speak English fairly well can talk German much better. This is well illustrated by Stoerk, who speaks English much better than most of the others. For six weeks I took both his English and German courses. The material was usually the same, but whereas he lectured an hour in English, his talk in German lasted one and a half hours, and he really told twice as much. He simply has not the necessary vocabulary and fluency of speech to make the explanations in English that he can in German. As a rule, therefore, students who understand German avoid the English course. But when a majority of the members of a class prefer English, the instructor is glad to accommodate them if he can. The result is that some of the best men do give courses in English and I have known many Americans without any knowledge of German, who within a week or two after their arrival have had their time fairly well occupied with splendid courses. It is a very great advantage, however, to have some knowledge of German beforehand. If then you can get a couple of courses in English and a couple in German to begin training your ear at once, and put in an hour or two a day on German with a competent teacher, by the second month you will be able to understand the language well enough to profit by any course you can get.

This brings up an important point, of which the new-comer must know. In 1904 the American Medical Association of Vienna was formed for the purpose of promoting social intercourse and the scientific advancement of its members, to provide information in regard to the scope and relative value of courses, and to furnish data for the rapid orientation of new members in regard to pensions, rooms, restaurants, etc. All physicians coming to Vienna for study are invited to enroll their names in the association's registration book and to become members. The sooner this is done after reaching Vienna the better, for the date of registration determines the right of priority in all posted courses. It is advisable to reach the city, if possible, a week or so before the end of a month, as most of the work begins about the 1st. The courses are posted in a bulletin board in the association rooms, and it is well to sign up as early as possible and for more courses than you expect to get, as a new-comer is sure to be crowded out of some by the older members. A blue book is published once a year containing a description of all of the courses given (276 are listed in the 1911 edition) which may be obtained on application to the secretary.

The popularity of Vienna is evidenced by the fact that 490 new-comers joined the association from July 1, 1910, to July 1, 1911, and 510 the year before. The average length of stay is three and a half months. Some men remain six months, a few one or two years. It does not seem to be a very difficult matter for an earnest, industrious fellow to get a position as assistant in one of the wards of the general hospital, where invaluable experience is obtained. There are five Americans serving in such a capacity there now, and as their duties do not prevent them from taking one or more courses outside, the positions are most desirable.

The Germans are quick to recognize merit in an American, and are glad to afford him every opportunity for research work. Dr. Ralph C. Matson, of Portland, Oregon, my co-worker in tuberculosis with Neumann, was very anxious to make some investigations into the value of Much's granules, and Neumann at once placed the material of the entire Neusser clinic at his disposal. He is as greatly interested in the work as Matson himself, and the results will be published in the *Vienna Medicinische Wochenschrift*, as an "Arbeit" from the Neusser clinics.

In 1908 H. Much stated in the *Berlin. Klin. Woch.* that in some cases of pulmonary disease which were clinically tuberculous, but in which acid-fast tubercle bacilli could not be found, he had been able to demonstrate small non-acid-fast rods morphologically resembling tubercle bacilli, and also small granular bodies which he called "Much's granules," and which he believed to be a developmental form of tubercle bacilli. He apparently proved his claim by transforming the ordinary form of tubercle bacilli into his granules and then back again. Matson's work has already produced

some exceedingly interesting results. In several cases of chronic fibroid disease with emphysema and bronchiectasis of twenty-five and thirty years' standing, and in whose sputum Neumann had been unable to find tubercle bacilli even after twenty or thirty examinations, Matson has found Much's granules. He has also found them in several early cases in which tubercle bacilli had not yet appeared, and in other cases which have progressed so far towards recovery that the bacilli had disappeared.

I was especially interested in the case of a man fifty-eight years old, who had been ill thirty-two years with chronic interstitial pneumonia. There was dullness over the entire right front with cavernous breathing and musical, resonating rales. The left apex also contained cavities.

The man had had several hemorrhages, and clinically the case was one of tuberculosis. The sputum amounted to 100 cubic centimeters a day and had been examined many times for tubercle bacilli, but always with negative results. Neumann examined it himself ten times after treatment with antiformin, using the Ziehl-Nielsen stain which is the one usually employed in the Neusser clinic, but found no acid-fast bacilli. Much's granules were found on the first examination. It is taking a vast amount of work and many animal experiments to enable them to draw definite conclusions, but enough has now been done to warrant Neumann in expressing the opinion that old cases of emphysema, chronic bronchitis and bronchiectasis, which are secondary to tuberculosis, will show only Much's granules, while the cases in which tuberculosis is secondary to the above conditions will show acid-fast bacilli. It would be a most pleasing result of the splendid work of Dr. Matson if by reason of it the chapters on Fibroid Phthisis and Chronic Interstitial Pneumonia in the next issue of Dr. Osler's volume on the Practice of Medicine should have to be partly rewritten. Much's granules are not mentioned in the last edition (1910).

The Vienna general hospital consists of a series of long, low, old-fashioned, cement-covered buildings which, with the ten enclosed courts, must cover an area of thirty or forty acres, and was founded 220 years ago. The medical school has suffered a good deal in recent years from its inability to fill vacant chairs with such men as it wanted, because they were unwilling to work in such an old hospital with its necessarily inadequate equipment. Strumpel was its latest disappointment. After much urging he accepted the Third Medical Clinic but left in disgust at the end of a year, and followed Gone to the University of Leipsic. For several years, however, a new hospital has been in process of construction, which will consist of thirty-nine pavilions and require fifteen years for completion. Two of the pavilions are already occupied by the Wertheim and Schauta clinics, and Osler recently stated that inside and out they were the most attractive hospital buildings he had ever seen.

In situation, construction, general arrangement for comfort of patients and convenience of management, even to the smallest detail, everything has been done to make these two clinics the most perfect of their kind. The buildings are four stories in height with large wings, built of brick and cement, with spacious corridors, large windows, tiled floors, white oil-finished walls and as nearly fireproof as it is possible to make them. Each has a lecture hall with seats for 200 students, 235 beds for obstetrical cases, 58 beds for gynecological patients and a separate pavilion for 24 infected cases. There are 10,000 deliveries a year, almost all illegitimate. The total cost of these two buildings was $1,800,000. Three other buildings are about completed and will be occupied this fall, one for Prof. Von Norden's clinic, with 100 beds, an isolation pavilion, a special diet kitchen for cases of metabolism and a special laboratory. Another building is for the nose and throat clinic of Prof. Chiari, with 48 beds, an isolation pavilion of 10 beds for diphtheria, an operation theatre and a laboratory. The third is for the diseases of children and will be in charge of Von Pirquet, a native of Vienna, of whom the Viennese are justly proud. For many years he was assistant to Escherich, but left three years ago to accept the chair of Pediatrics at Johns Hopkins. He remained there a year or so, and then went to Breslau. He has recently accepted the Professorship of Diseases of Children at Vienna and will begin work this fall. His clinic consists of 44 beds, an infant ward with 10 cots, and an incubator ward with 72 beds for premature and delicate infants. In separate pavilions are wards for 24 cases of scarlet fever and 21 beds for diphtheria. In the medical clinic is a lecture hall for 236 students, in the laryngological clinic one for 100 students, and another in the pediatric clinic for 200 students. These three buildings, or rather clinics, have cost the State, by whom they are built and maintained, over $1,000,000. The site of the new hospital is near the old one, and is such as to get the pure breezes from the mountains in the neighborhood.

The roofs of the thirty-nine pavilions will be made into gardens and large elevators will enable patients to reach them. Specially constructed beds will be put on the roofs of the surgical pavilions to make possible the exposure of suitable cases to the air and sun's rays. When finished there will be nothing like the new hospital in America or Europe. It will have a capacity of 5,000 beds.

Finger, the leading syphilographer in Vienna, and one of the greatest dermatologists in Europe, has treated a series of 500 cases of syphilis with salvarsan alone, and is now using it in conjunction with mercury in a second series of cases. He is of the opinion that syphilis is not such a dangerous disease that every case should be treated with such a possibly dangerous remedy as 606. In ten per cent. of his cases the use of the drug was followed by severe nervous symptoms, and 45 cases of complete facial paralysis affecting both facial and tri-facial nerves, total deafness in both ears, persistent vomiting, local and general spasms, severe headaches lasting for weeks, iridocyclitis, optic neuritis in both eyes, or complete hemiplegia of one side of the body have followed its administration in his clinic. One case died, and the autopsy showed extensive hemorrhages into the right side of the brain, syphilitic endarteritis and basal meningitis. The much greater frequency of these serious lesions after salvarsan than after mercury and iodides indicates that 606 is distinctly toxic to the nerve centers and not without danger, which with the fact that relapses after its use are quite as common as after mercury, shows that it is not as ideal a remedy as Ehrlich at first hoped it was. Moreover, a complete cure never follows one injection in any stage of the disease. It is now generally given intravenously, the subcutaneous and intramuscular administration having been followed by abscesses and extensive necroses. In many cases a chill and fever reaching 104 degrees, or over, with headache, vomiting, dizziness and diarrhea follow the injection. These symptoms may pass off in two to twelve hours or be followed by more severe ones which may disappear in three or four days or last several weeks. Another series of symptoms may set in four to six weeks after the injection, such as persistent dizziness, vomiting, deafness, epileptiform attacks, etc.

There is no doubt, however, that while in general salvarsan is not to be preferred to mercury and iodides in the treatment of syphilis, it has a very energetic symptomatic effect upon the patient and is most useful where rapidly acting anti-syphilitic treatment is desirable. Finger, therefore, recommends it in selective cases such as, first, malignant cases, severe tertiary forms, cerebral or perhaps congenital cases, where no contraindications exist; second, cases which are intolerant to mercury or which fail to react to it when given by inunction or hypodermically; third, as an abortive agent. It is in cases of secondary syphilis, and not in the primary stage, that severe nervous symptoms follow its use. If, therefore, a case of syphilis presents itself for treatment before the Wasserman reaction is positive, which is usually not until secondary symptoms appear in the fifth or sixth week (a positive reaction is rarely delayed beyond the seventh week), and the correctness of the diagnosis is proved by finding the spirochetes, Finger advises the excision of the initial lesion and the intravenous administration of 0.4 gram of salvarsan for a male, and 0.3 gram for a female patient. The injection is to be repeated in ten or twelve days. In 20% of the cases this will abort the disease and cure the patient. In the other 80% you can go on with mercury as usual. He emphasizes the fact that you cannot expect to succeed with the abortive treatment later than the fourth or fifth or possibly the sixth week after infection. As contraindications to the use of salvarsan, he recognizes complicating diseases of the heart, arteries, brain or nervous system and satisfactory response to mercury and iodides.

Hamburger, a well known pediatrician, has used 606 in twelve cases of congenital syphilis, all of which died, so he is opposed to its use with babies.

The opinion is expressed in one of the other skin clinics that we may soon be able to cure syphilis completely in one year by three injections of salvarsan, and three or four series of inunctions or injections of mercury followed each time by mercury internally for a month.

COLLINS H. JOHNSTON.

Berlin, August 2, 1911.

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Following the Annual Meeting of the State Society in Detroit this month Harper Hospital will give a two days' clinic. Programs of the clinic will be mailed about the fifteenth of September.

# PROGRAM OF THE FORTY-SIXTH ANNUAL MEETING OF THE MICHIGAN STATE MEDICAL SOCIETY, DETROIT, SEPTEMBER 27 AND 28, 1911

### MEETING PLACES

The General Session, House of Delegates and all the Sections will meet in the Convention Halls of the Pontchartrain.

Registration will be at the elevator landing.

Scientific Exhibits to the left.

County Secretaries and first meeting of Council, Wayne County Medical Building.

### THE COUNCIL

Chairman, W. T. Dodge, Big Rapids.
Secretary, W. H. Haughey, Battle Creek.

**Meetings**

Tuesday, September 26, 8 P. M.
Wednesday, September 27, 2 P. M.
Thursday, September 28, 2 P. M.

### HOUSE OF DELEGATES

Convention Hall, Pontchartrain

President—C. B. Burr, Flint, Mich.
Secretary—Wilfrid Haughey, Battle Creek.

**By-Laws—Chapter IV, Section 1.** Each Component County Society shall be entitled to send to the House of Delegates each year one delegate and one alternate for every 50 members, and one for each major fraction thereof; but each County Society holding a charter from this Society, which has made its annual report as provided in this Constitution and By-Laws, shall be entitled to one delegate and one alternate.

**First Session, Wednesday, September 27th**

8:00 A. M.

1. Call to order by the President.
2. Report of Committee on Credentials.
3. Roll Call.
4. Reading of minutes of the last Annual Meeting.
5. Report of Committee on Arrangements.
   J. A. MacMillan, Detroit, Chairman.
6. Report of the Council.
   W. T. Dodge, Big Rapids, Chairman.
7. Report of Committee on Legislation and Public Policy and on the work of the National Legislative Council.
   W. H. Sawyer, Hillsdale, Chairman.
8. Amendment to the Constitution.
   Article VIII, Section 1, strike out the words "and twelve Councilors" and substitute the words "and a board of Councilors."
9. Report of Delegates to the A. M. A.
10. Miscellaneous Business.
    (a) Election of Committee on Nominations to nominate:
    1st, 2nd, 3d and 4th Vice-Presidents.
    Councilors for the 4th, 5th, 7th, and 10th districts (6 year term).
    Representative and alternate in House of Delegates A. M. A. for two years to succeed E. T. Abrams and R. E. Balch respectively, also alternate to succeed C.G.Darling (term expiring 1912).
    To fix place of meeting for 1912.
    **By-Laws—Chapter VI, Sec. 2.** "The House of Delegates shall elect annually, at its first meeting, a Nominating Committee of five from the House of Delegates, no two of whom shall be from the same Councilor District."
    (b) Appointment of Business Committee and other Working Committees.
    (c) Other Miscellaneous Business.
    Recommendations of Council.

*Adjournment to General Meeting, 10 A. M.*

**Second Session, Thursday, September 28th**

8:00 A. M.

1. Reading of the Minutes of the Previous Session.
2. Report of Committee on Nominations.
3. Election of Officers.
4. Report of the Committee on the Study and Prevention of Tuberculosis.
   H. J. Hartz, Detroit, Chairman.

5. Report of Committee to Encourage the Systematic Examination of the Eyes and Ears of School Children throughout the State.
   Walter R. Parker, Detroit, Chairman.
6. Report of Committee on Medical Education.
   David Inglis, Detroit, Chairman.
7. Report of Committee on Venereal Prophylaxis.
   A. P. Biddle, Detroit, Chairman.
8. Unfinished Business.
9. Miscellaneous Business.

*Adjournment sine die, to Section Meetings.*

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**GENERAL MEETING**

Convention Hall, Pontchartrain

President—C. B. Burr, Flint.
Secretary—Wilfrid Haughey, Battle Creek.

**First Day, Wednesday, September 27th**

10:00 A. M.

1. Call to order by the President.
2. Prayer—Rev. John McCarroll.
3. Address of Welcome.
   For City—Mayor Thompson.
   For Wayne County Medical Society—Dr. H. O. Walker.
4. Report from the House of Delegates.
   Wilfrid Haughey, Battle Creek, Secretary.
5. Address of the President—"Paranoia and Certain Paranoid Conditions in Their Relation to the Public and the Profession."
   C. B. Burr, Flint.
6. Address—"Problems in Diseases of the Thyroid" (with lantern slide demonstration).
   Charles H. Mayo, Rochester, Minn.
7. Miscellaneous Business. Under this head there will be a general discussion of questions on medical economics. This opportunity is given to any member who wishes to bring before the entire Society any subject of general interest, either by informal discussion, or by formal resolutions.
8. Nominations for President, 1911-1912.

*Adjournment.*

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**Wednesday Evening**

8:00 P. M.

Reception followed by refreshments and entertainment, by Wayne County Medical Society.

**Second Day, Thursday, September 28th**

11:30 A. M.

1. Unfinished Business.
2. Report from the House of Delegates.
   Wilfrid Haughey, Battle Creek, Secretary.
3. Miscellaneous Business. Another opportunity to bring to the attention of the general body any questions of general interest.
4. Announcement by the Committee on Nominations of the result of the Ballot for President.
5. Introduction and Installation of President-elect.

*Adjournment sine die.*

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**SECTION MEETINGS**

**By-Laws—Chapter III.**

Sec. 3. Except by special vote the order of exercises, papers and discussions as set forth in the official program shall be followed from day to day until it has been completed. No paper shall be read by title nor read by any other person than its author except as a result of sickness of author, or by unanimous vote of the Section to which it belongs.

Sec. 4. No address or paper before the Society, except that of the President, shall occupy more than fifteen minutes in its delivery; and no member shall speak longer than five minutes or more than once on any subject.

Sec. 5. All papers read before the Society shall be its property. Each paper read shall be deposited immediately with the Secretary.....

By resolution of the Committee on Scientific Work, the stenographers are instructed to take the discussion on only those papers deposited with the Section Secretary as above provided.

**SECTION ON GENERAL MEDICINE**

Chairman—Benj. A. Shepard, Kalamazoo.
Secretary—John H. Crosby, Plainwell.
(The Secretary of the Section will collect all papers as soon as read.)

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**First Session, Wednesday, September 27th**

1:45 P. M.

1. Chairman's Address.
   BENJAMIN A. SHEPARD, Kalamazoo.
2. The Medical Aspect of the Special Class of the Public School System.
   CLARK B. FULKERSON, Kalamazoo.

**Brief review of factors that cause mentally deficient**

children. Methods that lead to the discovery of mentally deficient and feeble-minded children. Special class is a preventative of insanity.

3. Resume of Twelve Years' Experience with the Roentgen Ray as a Therapeutic Agent.

H. R. VARNEY and R. C. JAMIESON, Detroit.

Introduction. General rules for indications and contra-indications of treatment. Means employed for measuring the dosage with outlines of methods of administration. Action of the ray on the tissues. Comparison of the ray treatment with other procedures and results obtained in the various dermatological affections.

4. The Relation of Surgery to Medicine.

FRANK B. TIBBALS, Detroit.

Surgery is the mechanical treatment of diseased conditions not yielding to drugs or other remedial measures. A surgeon is a physician with special skill in mechanics, an expert with the knife and needle. His experience with operative cases also makes him a valued consultant in the diagnosis and the after care of surgical patients. If the surgeon has done his part of the work properly, an operated patient is a convalescent patient, of far less gravity than most of the grave medical cases which the attending physician is accustomed to treat. Surgery is a branch of medicine, not a separate field. A few experts should do most of the major surgery, as consultants. The fee splitting evil will disappear when the surgeon learns that his true relation to medicine is that of a consultant and works with and not against the profession.

5. Results of Treatment at the State Sanatorium for Tuberculosis.

E. B. PIERCE, Howell.

**Second Session, Thursday, September 28th**

9-11:30 A. M.

1. Diagnosis of Heart Lesions.

G. W. MCCASKEY, Fort Wayne, Indiana.

The determination of the functional capacity of the heart of first importance. This depends principally upon the cardiac neuro-muscular mechanism. Conductivity, rhythmicity, tonicity, contractility, the fundamental cardiac functions determined by physical signs and symptoms. Graphic methods essential to thorough understanding of many cases. Sphygmograph and polygraph indispensable. Importance of valvular defects still greatly overestimated. Cardiac and vascular disease must be diagnostically considered together. Illustrative cases and tracings.

2. Etiology and Treatment of Cardiospasm.

W. H. ENDERS, Jackson.

Nature and definition of cardiospasm. Causes of cardiospasm. The symptoms of cardiospasm. The sequelae of cardiospasm. Methods of diagnosis. Test of Rumpel, use of X-ray, and esophagoscope. Differentiation of cardiac carcinoma. Treatment. Treatment of the general nerve system. Drugs used. Use of bougies. Method of dilatation by means of the hydrostatic dilator. Report of cases. Prognosis and results.

3. The Treatment of the Heart in Acute Affections. C. G. JENNINGS, Detroit.

4. The Management of Heart Cases in General Practice.

J. B. WHINERY and T. D. GORDON, Grand Rapids.

Prophylaxis—simple and malignant. Endocarditis. Cases of fairly well compensated valvular lesions. Treatment of decompensation. Cases of myocardial disease. Heart conditions resulting from nephritis, arteriosclerosis, hyperthyroidism, tuberculosis. The nervous heart.

5. Pernicious Anemia.

BURTON R. CORBUS, Grand Rapids.

Especial reference to the etiology as dependent on liver insufficiency.

**Third Session, Thursday, September 28th**

1:45 P. M.

Election of Chairman for 1912.

Election of Secretary for 1912-1913.

1. The General Use of Fat in the Diet.

JAMES E. DAVIS, Detroit.

Fat in the diet of natural selection is 8.3 per cent. of total food weight, but it furnishes 16 per cent. of a day's total energy needs, hence it is economical. Fat best prolongs a satisfied appetite, is superior to carbohydrate as a reserve store. Its residue is negligible. Its feeding, if successfully done, requires gradual enzymic development.

2. The Status of the Carbohydrates in the Digestion of Infancy.

D. J. LEVY, Detroit.

Previous conceptions. The "mehl nahr schaden" of Czerny-Keller. The "austausch experiment" of L. F. Meyer. Sugar dyspepsia. Alimentary intoxication. Effect of carbohydrates and proteids on intestinal flora. Comparison of various sugars. Mixed carbohydrates. Significance of carbohydrates in infant feeding.

3. Dietetic Management of Diabetes and Glycosuria.

M. A. MORTENSON, Battle Creek.

The importance of differentiating between these conditions. Necessity of careful and complete examination of the urine including quantitative estimation of acetone and ammonia on various allowances of carbohydrates in order to determine toleration of same. This is to form basis for diet prescription. Value of frequent changes in diet prescription. Experiments and results in the use of Von Norden's green diet and oatmeal diet. Importance of their relation to one another. Report of a series of cases. In severe cases of diabetes great caution necessary in cutting down carbohydrate too suddenly. Our guide is the elimination of the acetone bodies and ammonia.

4. Epidemic Poliomyelitis.

BURT F. GREEN, Hillsdale.

Short history of the disease. Etiology. Period of incubation. Time of year most prevalent. Diagnosis. Infective agent may extend to any part of cerebro-spinal system, and may affect both gray and white matter, also the meninges. Symptoms will vary according to location of the inflammatory process. Differential diagnosis. The epidemic in Hillsdale County. Prognosis and treatment. Importance of reporting cases, isolation, and disinfection.

5. Infantile Paralysis.

T. M. KOON, Grand Rapids.

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## SECTION ON SURGERY, OPHTHALMOLOGY AND OTOLOGY

Chairman—R. E. Balch, Kalamazoo.

Secretary—R. C. Stone, Battle Creek.

(The Secretary of the Section will collect all papers as soon as read.)

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**First Session, Wednesday, September 27th**

1:45 P. M.

1. Chairman's Address—

R. E. BALCH, Kalamazoo.

2 Fractures.

C. H. SAMPLE, Saginaw.

Discussion opened by W. K. West, Painesdale.

3. The Practical Diagnosis of Uncomplicated Ulcer of the Stomach.

JAMES TAFT PILCHER, Brooklyn, N. Y.

Relative value of the different etiologic factors. Consideration of symptomatology of uncomplicated ulcer. Cardinal factors (1) Chronocity, (2) Periodicity, (3) Pain, time of its occurrence, regularity, method of relief, as noted in fifty cases diagnosed clinically and compared with the findings at operations. Relative importance of belching, vomiting, hematemesis. Deductions made from gastric analyses. Fallaciousness of previous observations. Differential diagnosis between ulcer of stomach and that of duodenum.

Discussion opened by C. D. Aaron, Detroit.

4. How X-Ray Plates May Help the Abdominal Surgeon.

(Lantern slide demonstration.)

A. W. CRANE, Kalamazoo.

X-Rays may be made to record:—

(1) Any part of the alimentary tube from the cardia of the stomach to the sphincter ani.
(2) An outline of the head of the pancreas, the total length of the gland and the inclination of its longitudinal axis to the median line.
(3) The size and position of the spleen.
(4) The outline of the ureter and pelvis of kidney.
(5) The outline of the urinary bladder.
(6) Foreign bodies, urinary calculi, bullets, swallowed articles.
(7) Spinal disease producing abdominal symptoms.

Discussion opened by Geo. C. Chene, Detroit.

5. The Principles for the Treatment and Cure of Hernia.

H. E. RANDALL, Flint.

Discussion opened by Roland Harris, Battle Creek.

6. Pyelonephritis of Pregnancy.

W. F. METCALF, Detroit.

Its etiology, prognosis and treatment, with report of cases.

Discussion opened by Reuben Peterson, Ann Arbor.

**Second Session, Thursday, September 28th**

9 to 11:30 A. M.

1. Remarks Upon the Pathology, Symptoms, Diagnosis and Treatment of Intestinal Tuberculosis.

SAMUEL GOODWIN GANT, New York City.

Bowel tuberculosis may be incited by tubercle bacilli which reach the intestine through being inhaled, with the food, in swallowed sputum from an infected lung or by way of the anus from scratching or unclean toilet paper. The disease may be *primary* and induced by the *bovine* bacillus, or *secondary* when infection is due to *human* tubercle bacilli, the latter being by far the most frequent. Measures for improving the general health. Symptomatic treatment. Irrigations. Topical applications. Surgical treatment.

In concluding, the writer states that the results obtained had been better since he began treating tuberculosis on the basis of a dual infection, instituting hygienic and supportive measures to improve the lung and general condition, while the bowel was being treated directly by interna irrigation, medication and topical applications.

Discussion opened by Louis J. Hirschman, Detroit.

2. A Symposium on Renal Surgery.

I. The General Consideration of Renal Surgery.

GEO. C. HAFFORD, Albion.

II. Tuberculosis of the Kidney.

FREDERICK W. ROBBINS, Detroit.

III. Hydronephrosis.

DEAN LOREE, Ann Arbor.

IV. Movable Kidney.

H. W. LONGYEAR, Detroit.

Discussion opened by Schuyler Colfax Graves, Grand Rapids.

**Third Session, Thursday, September 28th**

1:45 P. M.

Election of Chairman for 1912.
Election of Secretary for 1912-1913.

1. Some Things To Be Remembered in the Management of Strictures.

ARTHUR EDDY WEST, Kalamazoo.

Discussion opened by W. E. Keane, Detroit.

2. (Subject to be announced later.)

ALBERT E. HALSTEAD, Chicago, Ill.

3. Obstructive Hypertrophy of the Prostate. The Diagnosis and Treatment with special reference to advanced cases.

PAUL M. PILCHER, Brooklyn, N. Y.

The importance of exactness of diagnosis; diseases which simulate hypertrophy of the prostate; discouraging results when the entire pathology is not understood before operation. Preparation of a patient for operation; when to operate in the advanced cases. Determining the functional activity of the kidneys. Repairing the kidneys and preventing uremia. Reasons for selecting the suprapubic operation; its technic; the after-course. The final results, comparing a series of perineal and suprapubic prostatectomies.

Discussion opened by Dean Loree, Ann Arbor.

4. Progress in Surgery of the Spinal Cord. Illustrated.

MAX BALLIN, Detroit.

Discussion opened by J. W. Vaughan, Detroit.

5. Vaccine Therapy.

W. T. DODGE, Big Rapids.

Discussion opened by A. P. Ohlmacher, Detroit.

6. (Subject to be announced later.)

WALTER R. PARKER, Detroit.

## SECTION ON GYNECOLOGY AND OBSTETRICS

Chairman—Richard R. Smith, Grand Rapids.
Secretary—Rolland Parmeter, Detroit.

(Secretary of the Section will collect all papers as soon as read.)

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### First Session, Wednesday, September 27th

1:45 P. M.

1 Chairman's Address.

RICHARD R. SMITH, Grand Rapids.

2. Post Operative Ileus.

ANGUS MCLEAN, Detroit.

Causes, early symptoms, portion of intestine involved. Medical and surgical treatment with reference to actual cases.

3. Physostigmine Combined with Morphine for Pain Following Abdominal Operations.

B. R. SCHENCK, Detroit.

4. The Need of a Better Developed Obstetrical "Conscience."

CHARLES E. BOYS, Kalamazoo.

Definition of the term. Comparison of the general attitude of physicians toward asepsis in surgery and obstetrics. Good obstetrics presupposes a good surgical technique. Asepsis usually best in hospitals. Factors favoring a good technique in the home.

5. Office Management of Rectal Diseases—Surgical and Non-surgical.

JAMES A. MCVEIGH, Detroit.

Method of conducting examination. Thorough examination should be made in all cases. Conditions revealed by sense of touch. The use of speculum, proctoscope, and sigmoidoscope. Cases in which palliative measures should be employed. Some in which palliative treatment is useless and therefore not justified. Symptoms which are reflected from uterus and other adjacent organs. Description of surgical and non-surgical methods of treatment.

Discussion opened by W. P. Manton, Detroit.

### Second Session, Thursday, September 28th

9 to 11:30 A. M.

1. Cysts of Gaertner's Duct.

CONRAD GEORG, JR., Ann Arbor.

Frequency of cysts of Gaertner's duct. Description of location, illustrated with a few lantern-slides showing schematic illustration of development of uterus, tubes and vagina, and the relation of Wolffian and Gaertner's ducts to the broad ligaments, uterus and vagina, also a cross section of uterus showing Gaertner's ducts. Report of private case.

2. Premature Rupture of the Amniotic Sac and its Relation to Puerperal Sepsis.

GEORGE KAMPERMAN, Ann Arbor.

Opinion of obstetricians regarding the relation of this accident to sepsis. No relation usually recognized. Report of recent cases. Interpretations of observations. Method of dealing with such patients.

3. External Pelvimetry with Special Reference to Method of Measuring the Outlet.

HOWARD H. CUMMINGS, Ann Arbor.

The present status of pelvimetry and the reasons for this condition. Diameters usually measured; their value and significance. Method of outlet pelvimetry. Normal measurements. Importance of outlet pelvimetry. Funnel pelvis, its diagnosis and prognosis. Report of four cases of funnel pelvis.

4. Roentgenologic Examination of the Pregnant Uterus.

P. M. HICKEY, Detroit.

Review of previous work. Findings in writer's cases.

5. Coloptotic Constipation.

L. J. HIRSCHMAN, Detroit.

Physical and radiographic examination of the colon in women giving a history of constipation of long duration has brought out the fact that many of these cases have been diagnosed and treated as chronic, atonic and spastic constipation. The physical causes have been misunderstood or overlooked. The application of the proper therapeutic agents, whether mechanical or surgical or both, have achieved most happy results. Illustrative cases, illustrated by lantern-slides.

### Third Session, Thursday, September 28th

1:45 P. M.

Election of Chairman for 1912.
Election of Secretary for 1912-13.

1. Unnecessary Colpotomy.

JONH J. REYCRAFT, Petoskey.

Many unnecessary colpotomies might be performed for their diagnostic value alone. Of great value in doubtful cases. Danger of infection of peritoneal cavity very slight under proper precautions.

2. Caesarean Section, the Second Time in Two Cases. J. H. CARSTENS, Detroit.

3. Blood Pressure in Eclampsia.

WALTER E. WELZ, Detroit.

During the last months of normal pregnancy there is a slight increase in blood pressure. The pressure decreases directly after labor, and gradually returns to normal in a few days. The pressure in women suffering from toxemia of pregnancy increases considerably during the last months of pregnancy. The greatest blood pressure occurs during the convulsive stage and this decreases with recovery in about ten days. The pulse rate is increased during the eclamptic period, and in severe cases the temperature also rises above normal. Decrease of pulse rate is followed by decrease of temperature, and also by a lessening of convulsions. The administration of veratrum viride causes a decrease in the pulse rate which is followed by a lower temperature and decrease in number of convulsions.

4. Puerperal Infection.

A. S. WHEELOCK, Goodrich.

Need of review of present teachings. Physiology of puerperal uterus. Bacteriology of infection, routes of and immunity to same. Resistance of pelvic tissues to. Prophylaxis. Resection of pelvic veins. Treatment. Most important treatment of all is systemic.

5. Historical Summary of the Treatment of Uterine Fibroids.

WALTER P. MANTON, Detroit.

This paper reviews the treatment of uterine fibroids from the pre-operative period to the present, and is largely a record of personal experience. The older views regarding fibroids are presented, and the early treatment of these neoplasms by means of ergot and electricity are given with illustrative cases. The supravaginal hysterectomy by means of the clamp, and the improved methods of Baer and Goffe are mentioned. Total hysterectomy is dealt with and the operation for myomectomy considered. The object of the paper is to impress the dangers resulting from these so-called benign neoplasms, and to point out the diagnosis and differentiating of these tumors from other and associated conditions.

## COUNTY SECRETARIES ASSOCIATION

**Tuesday, September 26, 1911**

Wayne County Medical Bldg., 33 E. High St.

2:00 P. M.

President—V. A. Chapman, Muskegon.
Vice-president—D. Conboy, Bad Axe.
Secretary—W. C. Garvin, Millington.

1. Presidential Address—
   V. A. Chapman, Muskegon.
2. Poor Attendance—Its Cause and Cure.
   G. H. Thomas (Ottawa), Holland.
3. Enthusiasm in County Societies.
   H. L. Bower (Montcalm), Greenville.
4. Factors which Increase Attendance and Interest in County Meetings.
   C. E. Boys (Kalamazoo Acad), Kalamazoo.
5. Value of Clinics at Society Meetings.
   R. C. Jamieson (Wayne), Detroit.
6. Address.
   Alexander R. Craig (Sec. A. M. A.), Chicago.
7. Relation of County Secretaries and State Secretary.

Wilfrid Haughey (State Secretary), Battle Creek.

8. Administration of Medical Practice Law.
   B. D. Harison, Detroit.
9. General Discussion.
10. Election of Officers.

## HOUSE OF DELEGATES

**Delegates and Alternates to the Forty-sixth Annual Meeting**

Note.—The Black Face name is that of the delegate the other, that of the alternate.

**Alpena—Branch No. 46**

**C. M. Williams,** Alpena.
E. E. McKnight, Alpena.

**Antrim—Branch No. 65**

**F. S. Hoag,** Alden.
R. H. Nichols, Bellaire.

**Barry—Branch No. 26**

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**Bay—Branch No. 4**

**J. W. Hauxhurst,** Bay City.
R. W. Brown, Bay City.

**Benzie—Branch No. 59**

**H. J. Keene,** Frankfort.
C. P. Doyle, Frankfort.

**Berrien—Branch No. 50**

**C. N. Sowers,** Benton Harbor.
J. D. Greenamyer, Niles.

**Branch—Branch No. 9**

**H. W. Whitmore,** Quincy.
E. E. Handcock, Girard.

**Calhoun—Branch No. 1**

**J. C. Brown,** Battle Creek.
**A. W. Alvord,** Battle Creek.
Geo. C. Hafford, Albion.
A. J. Abbott, Albion.

**Cass—Branch No. 36**

**W. C. McCutcheon,** Cassopolis.
E. A. Planck, Union.

**Charlevoix—Branch No. 37**

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**Cheboygan—Branch No. 58**

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**Chippewa—Branch No. 35**

**J. Gostanian,** Sault Ste. Marie.
Fred Townsend, Sault Ste. Marie.

**Clinton—Branch No. 39**

**M. Weller,** St. Johns.
F. C. Dunn, St. Johns.

**Delta—Branch No. 38**

**W. A. Lemire,** Escanaba.
G. W. Moll, Foster City.

**Dickinson—Branch No. 56**

**J. A. Crowell,** Iron Mountain.
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**Eaton—Branch No. 10**

**P. H. Quick,** Olivet.
A. R. Stealey, Charlotte.

**Emmet—Branch No. 41**

**J. J. Reycraft,** Petoskey.
F. C. Witter, Petoskey.

**Genesee—Branch No. 24**

**H. E. Randall,** Flint.
**A. R. Ingram,** Linton.
J. W. Handy, Flint.
G. W. Robb, Flushing.

**Gogebic—Branch No. 52**

**E. Madajeski,** Bessemer.
L. O. Houghton, Ironwood.

**Grand Traverse—Branch No. 18**

**J. M. Wilhelm,** Traverse City.
R. E. Wells, Traverse City.

**Gratiot—Branch No. 25**

**E. M. Highfield,** Riverdale.
E. H. Faust, Ithaca.

**Hillsdale—Branch No. 3**

**W. H. Sawyer,** Hillsdale.
Bion Whelan, Hillsdale.

**Houghton—Branch No. 7**

**John MacRae,** Calumet.
W. H. Matchette, Hancock.

**Huron—Branch No. 47**

**B. F. Friedlander,** Sebewaing.
D. J. Monroe, Elkton.

**Ingham—Branch No. 40**

**L. W. Toles,** Lansing.
M. L. Holm, Lansing.

**Ionia—Branch No. 16**

**C. S. Cope,** Ionia.
J. J. McCann, Ionia.

**Isabella-Clare—Branch No. 54**

**C. M. Baskerville,** Mount Pleasant.
C. D. Pullen, Mount Pleasant.

**Jackson—Branch No. 27**

**J. C. Kugler,** Jackson.
C. D. Monro, Jackson.

**Kalamazoo Academy—Branch No. 64**

**W. F. Hoyt,** Paw Paw.
**W. A. Stone,** Kalamazoo.
J. C. Maxwell, Paw Paw.
J. B. Jackson, Kalamazoo.

**Kent—Branch No. 49**

**W. J. DuBois,** Grand Rapids.
**J. D. Brook,** Grandville.
**C. H. Johnston,** Grand Rapids.
Eugene Boise, Grand Rapids.
J. M. DeKracken, Grand Rapids.
F. C. Warnshuis, Grand Rapids.

**Lapeer—Branch No. 23**

**John P. Eggleston,** Imlay City.
Peter Stewart, Hadley.

**Lenawee—Branch No. 51**

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**Livingston—Branch No. 6**

**W. C. Huntington,** Howell.
J. E. Browne, Howell.

**Macomb—Branch No. 48**

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**Manistee—Branch No. 19**

**L. S. Ramsdell,** Manistee.

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**Marquette-Alger—Branch No. 28**

**J. H. Andrus,** Negaunee.
N. J. Robbins, Negaunee.

**Mason—Branch No. 17**

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**Mescosta—Branch No. 8**

**G. H. Lynch,** Big Rapids.
L. S. Griswold, Big Rapids.

**Menominee—Branch No. 55**

**C. R. Elwood,** Menominee.
E. V. McComb, Menominee.

**Midland—Branch No. 43**

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**Monroe—Branch No. 15**

**C. T. Southworth,** Monroe.
Wm. F. Acker, Monroe.

**Montcalm—Branch No. 13**

**A. W. Martin,** Howard City.
L. E. Kelsey, Lakeview.

**Muskegon-Oceana—Branch No. 61**

**F. B. Marshall,** Muskegon.
W. E. Dockry, Pentwater.

**Newaygo—Branch No. 60**

**L. S. Weaver,** Fremont.
S. B. Rolison, Hesperia.

**Oakland—Branch No. 5**

**Mason W. Gray,** Pontiac.
H. S. Chapman, Pontiac.

**O. M. C. O. R. O—Branch No. 11**

**L. A. Harris,** Gaylord.
C. C. Curnalia, Roscommon.

**Ontonagon—Branch No. 66**

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**Osceola-Lake—Branch No. 30**

**H. L. Foster,** Reed City.
E. N. Heysett, Baldwin.

**Ottawa—Branch No. 32**

**R. J. Walker,** Saugatuck.
H. J. Brouwer, Drenthe.

**Presque Isle—Branch No. 63**

**C. L. Carpenter,** Onaway.
John Young, Onaway

**Saginaw—Branch No. 14**

**P. S. Windham,** Saginaw.
W. L. Dickinson, Saginaw.

**Sanilac—Branch No. 20**

**C. G. Robertson,** Sandusky.
G. R. Smith, Carsonville.

**Schoolcraft—Branch No. 57**

**G. M. Livingston,** Manistique.
W. J. Saunders, Manistique.

**Shiawassee—Branch No. 33**

**N. T. Parker,** Corunna.
J. N. Eldred, Chesaning.

**St. Clair—Branch No. 45**

**C. C. Clancy,** Port Huron.
T. E. DeGurse, Marine City.

**St. Joseph—Branch No. 29**

**W. C. Cameron,** White Pigeon.
J. H. Moe, Sturgis.

**Tri-County—Branch No. 62**

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**Tuscola—Branch No. 44**

**C. W. Clark,** Caro.
W. C. Garvin, Millington.

**Washtenaw—Branch No. 42**

**R. Peterson,** Ann Arbor.
**John A. Wessinger,** Ann Arbor.
John W. Keating, Ann Arbor.
S. M. Yutzy, Ann Arbor.

**Wayne—Branch No. 2**

**F. B. Walker,** Detroit.
**G. L. Kiefer,** Detroit.
**F. W. Robbins,** Detroit.
**G. E. McKean,** Detroit.
**C. G. Jennings,** Detroit
**B. R. Schenck,** Detroit.
**G. L. Connor,** Detroit.
**T. A. McGraw,** Detroit.
**F. B. Tibbals,** Detroit.
R. C. Andries, Detroit.
W. J. Wilson, Detroit.
H. A. Freund, Detroit.
James Cleland, Detroit.
W. D. Ford, Detroit.
F. J. W. Maguire, Detroit.
R. C. Jamieson, Detroit.
F. G. Buesser, Detroit.

## ANNOUNCEMENTS

The Hotel Pontchartrain will be headquarters and in it will be held all general and section meetings.

Automobiles will meet all incoming trains on the afternoon and evening of September 26th, to convey members and their friends to their hotels, and visiting members are requested to go at once to one of these machines upon arrival.

On the evening of the 26th, there will be open house at the Wayne County Medical Building, where there will be refreshments served and an informal reception at 8 P. M.

A reception, followed by refreshments and an entertainment, will be given at the Hotel Pontchartrain on the evening of the 27th.

During the meeting entertainment will be provided for the ladies.

The Council will meet at the Wayne County Medical Building, 33 E. High St., at 8 P. M., September 26.

The County Secretaries Association will meet at Wayne County Medical Building at 2 P. M. September 26th.

What promises to be one of the most interesting and valuable features of the meeting is a scientific and educational exhibit. This is given as a substitute for the commercial exhibit which was heretofore attached to the meetings.

Negotiations are now under way to obtain contributions from some of the largest and best clinical and scientific laboratories.

Registration September 26th, afternoon and evening, at the Wayne County Medical Building, the 27th and 28th, at the Pontchartrain.

## HOTELS

The hotel accommodations are ample, and there will be a list of available boarding houses at the Registration window.

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|---|---|
| Pontchartrain European (Headquarters) | |
| without bath | $2 00—$2 50 |
| with bath | 3 00— 5 00 |
| Cadillac: European | 2 00 and up |
| American | 3 50 and up |
| Ste. Claire: American— | |
| without bath | 2 50—3 00 |
| with bath | 3 50—4 00 |
| Griswold: European | 1 00—4 00 |
| Wayne: European | 1 00—3 00 |
| Tuller: European | 1 50 and up |
| Metropole; Men only: European | 1 00—2 00 |

# COUNTY SOCIETY NEWS

## ALPENA

July 25 the State Secretary met with fifteen of the doctors of Alpena and surrounding towns at a chicken dinner at the Country Club, at Long Lake, seven miles from Alpena.

The State Secretary addressed the meeting on "The State Medical Society and its Work." He spoke of the benefits of the County Medical Societies, and urged the affiliation of the Alpena Society with the State Society, which was done. There are thirteen new members and two holding membership now through other counties, besides others in prospect.

Officers were elected as follows:

*President*, J. D. Dunlop.

*Vice-president*, E. E. McKnight.

*Secretary*, C. M. Williams.

*Member Medico-legal Committee*, E. E. McKnight.

*Delegate*, C. M. Williams.

*Alternate*, D. A. Cameron.

Monthly meetings were decided upon.

## CHEBOYGAN

July 25 the doctors of Cheboygan met at the office of Dr. C. B. Tweedale, and were addressed by the State Secretary on the "Work and Objects of the Michigan State Medical Society." During the meeting the Cheboygan County Medical Society was re-organized, with a membership of seven, practically all the physicians in the city of Cheboygan. More from the surrounding country are expected to affiliate. The officers elected are:

*President*, W. F. Reed.

*Vice-president*, W. E. Chapman.

*Secretary-treasurer*, C. B. Tweedale.

*Member Medico-legal Committee*, S. A. St. Amour.

It was decided to meet monthly on the first Tuesday.

## CLINTON

Regular meeting August 3, at St. Johns, with a good attendance. A paper on "Infant Feeding" was read by Dr. W. A. Scott, also one on "Medico-legal Protection," by Dr. M. Weller. These papers brought out an interesting discussion by the members present. Adjourned to meet September 7.

JAMES E. TAYLOR, *Secretary*.

## GENESEE

The regular quarterly meeting of the Genesee County Medical Society was held at Fenton, July 25, at 3 P. M. Forty members were present. Dr. A. R. Ingram, of Fenton, was elected as a delegate to the annual meeting of the State Society. Dr. Geo. W. Robb, of Flushing, was elected Alternate Delegate. Drs. Wm. E. Shandler and Robt. D. Scott were received as members, and two other physicians were reinstated as members. On recommendation of the Board of Directors, Drs. N. Bates and R. H. Murray were elected as honorary members of the Society. The Society enjoyed a practical paper on Ethics, by Dr. A. G. Wright, of Fenton. Dr. H. E. Randall gave an interesting talk on European Medicine and Surgery, dwelling on Lane's Open Treatment of Fractures and Salvarsan. Dr. G. C. Crandall, Professor of Internal Medicine in the University of St. Louis, Mo., was present as the guest of the Society, and gave an interesting talk on the subjects presented.

Following the discussion the Fenton physicians entertained the members at an elaborate dinner. A rising vote of thanks was presented to the Fenton members for their bountiful hospitality.

C. P. Clark, *Secretary*.

## GRAND TRAVERSE

The regular monthly meeting of the Grand Traverse-Leelanaw County Medical Society was held in Dr. Miner's office Tuesday evening, August 1. Minutes of the last meeting were read and approved. A committee of two was appointed to investigate the practice of unlicensed physicians.

It was decided to have Dr. A. S. Warthin give his public lectures on Tuberculosis and Sex Hygiene some time in August.

Dr. Sara Chase read a paper on "Alkaloidal Medication," followed by a general discussion. Dr. Gregory read a paper on "Official Drugs," followed by a discussion. Adjourned.

R. E. WELLS, *Secretary*.

## MONTCALM-IONIA

August 3 the Montcalm and Ionia County Medical Societies held their annual picnic at Baldwin Lake, Greenville. At this meeting the druggists and dentists of the two counties were invited, as well as the ladies. Automobiles met the visitors at the trains and conducted them to the Lake and return. About a hundred guests were gathered around the table for dinner. Following dinner the "Three D Club," consisting of doctors, dentists and druggists of Ionia and Montcalm Counties, was organized. This club will conduct the annual picnic in the future. The dinner was followed by many enjoyable toasts, Dr. Wilfrid Haughey, State Secretary, acting as toastmaster. Dr. Bower's toast was particularly appropriate, as he read the Legend of Baldwin Lake.

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## MUSKEGON-OCEANA

Regular meeting of the Muskegon-Oceana County Medical Society was held at "Siegelwold Cottage," at Clear Lake, near Holton, Friday afternoon, August 4, 1911, the guests of Dr. Black.

Members present: Drs. Geo. S. Williams, G. J. Hartman, F. W. Garber, B. F. Black, I. M. J. Hotvedt, W. A. Campbell, L. I. Powers, R. G. Olson, J. F. Denslow, W. L. Griffin, P. A. Quick, Jacob Oosting, W. P. Gamber, J. D. Buskirk, J. H. Nicholson, G. F. Lamb, J. T. Cramer, A. A. Smith, F. B. Marshall, L. P. Munger, P. J. Sullivan and V. A. Chapman. As visiting physicians, not members of the Society, Dr. S. B. Rolison, of Hesperia; Dr. Geo. L. Le Fevre and C. J. Durham, of Muskegon; Dr. L. Dretzka, of Mercy Hospital; Dr. A. C. Parker, of Hackley Hospital, Muskegon; and Dr. Gerling, of Reeman. From Fremont, Drs. Wm. H. Barnum, Geo. G. Burns, Nicholas De Haas, Chas. Long, J. W. McNabb, G. W. Nafe, and L. S. Weaver were guests. Also several bankers and business men from Pentwater, Fremont and Holton.

Minutes of last meeting were read and approved as read.

Reading of communication from Mrs. C. P. Donelson, thanking the Society for its floral tribute and attendance at the funeral of Dr. Donelson. It was moved, seconded and carried that a copy be spread upon the minutes of this meeting.

"To the Members of the Muskegon-Oceana County Medical Society:

"Dear Sirs:—You were Charles Park Donelson's dearest friends, of like thought and occupation, and, I feel, mourn with me, his loss being a personal sorrow.

"Your place at service almost seemed like protecting arms outstretched to save the living.

"Your busy, hurried lives, so full of care and responsibility, you manifested by your presence a willing sacrifice. Others I know were there in thought, though the unfortunate demanded their immediate care.

"For the floral tribute as a beautiful expression of your love, I thank you. It is all appreciated, my being for thirty-eight years the companion of one of you.

"Very sincerely yours,

"MARY A. DONELSON.

"July 18th, 1911."

The president called upon Dr. A. A. Smith for resolutions concerning the death of Dr. Donelson. Dr. Smith presented resolutions. It was moved, seconded and carried that these resolutions be accepted and spread upon the minutes of this meeting, and a copy be sent to the widow and daughter.

When the great and benevolent Author of our creation decrees that our existence upon this earthly sphere of action shall come to an end, and resolves to lay low the mortal frame of acquaintance, friend, or associate, there is naught for man to do but submit to the inevitable, and become reconciled to that Will that doeth all things well. Death is the fate of all mankind; the grave our common resting-place. There all ranks are leveled; there all distinctions cease.

The message summoning our late associate, Charles Park Donelson, to the great Beyond came early on the morning of July 15, 1911. It was preceded by a short illness, the brevity of which only served to emphasize the immutable certainty of death and how little it sometimes takes to snuff out the flame of life.

Dr. Donelson was born in the year of 1847. He was well and liberally educated and a graduate of one of the country's leading universities. Choosing medicine for his life's calling, he graduated in that profession and entered upon its practice while yet quite young, and at the time of his death had been engaged in its pursuit nearly forty years. His life was an active one, and the experience gained therefrom was in direct proportion to its length and intensity. As well

ripened fruit has a flavor that distinguishes it and marks its quality, so may it be said of Dr. Donelson that his mind was possessed of a flavor only to be obtained by a long and rich experience tempered by thought and reflection. During the last few years of his life the instances were by no means rare which clearly evidenced him as one well matured in thought and mellowed in judgment and disposition. He was liberal, broad-minded and comprehensive. Personally he was affable, gentle, genial, sympathetic,—qualities which endeared him to a host of acquaintances. These will remember with affection his many kindly traits, and deeply regret his departure. His more immediate associates in the practice of medicine will remember him as one whose genial disposition made it a pleasure for one to meet; one whose presence and attendance at our meetings and conventions was ever welcome; and one whose utterances were always accorded that respect given only to those who have something of value to say. He lived a useful life. His reward is the gratitude of the many whose sufferings he relieved and to whose comfort he contributed.

*Resolved*, That in the death of Charles Park Donelson, M. D., the Muskegon-Oceana County Medical Society has sustained a deep-felt bereavement; that his untimely taking off terminates a period of long association filled with incidents and events of interest and pleasure to remember; that his loss we deplore and his memory we revere.

*Resolved*, That this resolution be spread upon the Record Book of this association, and a typewritten copy transmitted to the widow and daughter of our late associate.

Geo. S. WILLIAMS, M. D.,
A. A. SMITH, M. D.,
V. A. CHAPMAN, M. D.,
*Committee on Resolutions upon the death of Charles Park Donelson.*

Muskegon-Oceana County Medical Society, Muskegon, Mich., August 4, 1911.

It was moved and seconded that a vote of thanks be extended to Dr. Smith for formulating the resolutions. Carried.

Dr. De Haas read the paper of the day on "Lues, Past and Present." The President called upon Dr. Hotvedt to open the discussion, who was followed by Drs. Marshall, A. A. Smith, Geo. L. Fevre and others.

Dr. Denslow moved, seconded by several, that a vote of thanks be extended to Dr. De Haas for the paper. Carried.

Moved by Dr. Campbell and amended by Dr. Gamber that invitation be extended to Newaygo County physicians to become members of the Muskegon-Oceana County Medical Society. Seconded by Dr. Chapman, and unanimously carried.

Meeting adjourned to dinner at "Siegelwold Cottage." Forty-seven members and guests were seated at dinner. After dinner a rare musical program was presented by Mr. and Mrs. S. Siegel, Mr. and Mrs. Maier, and Mr. and Mrs. A. Siegel.

Nearly a dozen automobiles brought the members and guests, some coming from a distance of fifty-five miles.

This was one of the most successful meetings in the history of this Society.

V. A. CHAPMAN, *Secretary*.

## UPPER PENINSULA MEDICAL SOCIETY

The Nineteenth annual meeting of the Upper Peninsula Medical Society was held in Escanaba July 27–28. There were about fifty physicians in attendance. The meeting was called to order by Dr. A. J. Carlson, of Escanaba, with the following program:

1. Invocation.
Rev. F. E. Spence, Escanaba.
2. Address of Welcome.
Hon. J. S. Lindsey, Mayor.
3. President's Address: Progress of Medicine During the past thirty-five years.
C. J .Ennis, Sault Ste. Marie.

After reading the Presidential address, Dr. Ennis assumed the chair.

4. Address by the Secretary of the Michigan State Medical Society.
Wilfrid Haughey, Battle Creek.
5. Am I My Brother's Keeper?
E. T. Abrams, Dollar Bay.
6. Diagnosis of Non-penetrating Wounds of the Abdomen.
A. S. Kitchen, Escanaba.
7. Goiter.
H. M. Joy, Calumet.
8. Ununited Fractures.
A. W. Hornbogen, Marquette.
9. Repair of the Perineum.
F. Townsend, Sault Ste. Marie.

The meeting adjourned to the Royal Theatre, where films of special interest to medical men were shown, demonstrating the transmission of tuberculosis, typhoid fever, etc., by means of flies, and other materials. These pictures, some of which exhibited a story used to teach the sani-

tary fact desired, were very interesting, and entertained the assembled doctors for an hour.

The banquet in the evening tendered the visitors by the Delta County Medical Society was a decided success. There were about seventy-five in attendance, who did justice to an elaborate menu. The menu card, printed on bird's-eye maple veneering sheets, was unique.

Rev. Fr. Barth chose for his toast, "The Papal Body-doctors," and in forceful, eloquent language defended the Papacy against the charge of discouraging scientific advancement. He mentioned name after name of men famous as physicians or scientific investigators who were the popes' doctors. One pope was himself a doctor. The man who wrote the first modern text book on anatomy was physician to the very pope whom some historians claim issued a "bull" prohibiting dissection. "The bull" in question simply prohibited the boiling of the bones of pilgrims dying in Palestine so as to bring their bones home. Every one present enjoyed this toast.

Rev. Spence spoke eloquently of the relations between physicians of the soul and of the body.

Dr. Abrams, by request, read again his paper, "Am I My Brother's Keeper?" and this address gained force by repetition. It will be published in the next JOURNAL.

Many others responded to toasts, and the hours flew past until 4 A. M.

Officers elected for next year:

*Pres.*, Chas. L. Girard, Escanaba.

*Vice-Pres.*, H. J. Hornbogen, Marquette.

*Sec.*, C. R. Elwood, Menominee.

The meeting next year will be held at Menominee.

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## DETROIT ACADEMY OF MEDICINE

At a special meeting of the Detroit Academy of Medicine the following In Memoriam of Doctor Henry A. Cleland was presented by Doctor Hitchcock.

It was voted that a copy be sent to Miss Cleland, another to the JOURNAL of the Michigan State Medical Society, and the original spread on the records of the Academy.

GUY L. CONNOR, *Secretary.*

IN MEMORIAM OF HENRY A. CLELAND

Dr. Cleland, though not of advanced years, had for long been little among us, owing to his physical infirmities.

Born at Sterling, Scotland, he was but seventy-two at the time of his death, July 19, 1911, but he had lived a full and honored life, a life of faithful service to many to whom he had greatly endeared himself. He went in and out among us, respected and esteemed, even greatly loved by those who perhaps knew him best and looked to him for counsel and advice. He possessed to an eminent degree many of those sterling qualities which Ian Mac Laren so well portrays as tenderly binding "Weelum Mac Clure" to the people of the glen.

Though modest and retiring in demeanor, Dr. Cleland possessed a Scotch tenacity of opinion which ever gave him the courage of his convictions. He was always esteemed by the profession as an excellent practitioner of the older school and a wise counsellor. He had served long and faithfully upon the staffs of Harper and the Children's Free Hospital, and had served his country in the Civil War as surgeon, was a prisoner in Libby Prison, and was the recipient of a medal for conspicuous bravery.

He took great interest and pleasure in the Academy, and was long a faithful attendant at its meetings and participant in its discussions. He was one of its fourteen charter members, and his active fellowship continued from September 21, 1869, to February, 1903, when he was transferred to the list of Honorary Fellows.

He served the Academy as Counsellor and President, and was a valued and honored member. An active fellowship of thirty-four years is a long and notable period of service, and few depart this life with character more unblemished, life more unsullied.

It is well for the Academy to inscribe upon its records this testimonial of its deep appreciation of the rugged character of our late fellow and the value of a life so well and honorably rounded. A man of upright Christian life, full of service to many, he has gone to a well-earned reward.

## NEWS

Dr. Bert R. Shurley, of Detroit, was elected Secretary of the Section on Oto-laryngology at the recent meeting of the American Medical Association.

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The Michigan Registrations at the meeting of the American Medical Association at Los Angeles were as follows. (Total registration, 2,153.)

W. R. Ballard, Bay City; J. H. Boulter, Detroit; Louis J. Hirschman, Detroit; C. H. Sample, Saginaw; D. E. Fuller, Hastings; Richard R. Smith, Grand Rapids; A. E. Adams, Bellevue; F. P. Bender, Caro; R. W. Brown, Bay City;

John Kremer, Grand Rapids; Henry Kremers, Holland; G. M. Livingston, Manistique; G. L. North, Tecumseh; Jos. S. Platt, Port Huron; Frank D. Wheeler, Detroit; Albert J. Read, Battle Creek; Herbert R. Conklin, Tecumseh; Henry M. Cunningham, Marquette; Burt R. Shurley, Detroit; E. M. Houghton, Detroit; Arthur D. Holmes, Detroit; Reuben Maurits, Grand Rapids; W. F. English, Saginaw.

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The many cottage owners and resorters in Coldwater, Mich., have been given some rules by the local health board, which at this time of year might be of interest to "campers" and "resorters" everywhere: "Where there is no water or sewer system, the dry earth closet should be installed. The contents of the same should be removed and buried at least once a month during the resort season, and oftener if necessary. A garbage can or barrel, with a tight-fitting cover, should be used at every cottage, and the contents must be removed two or three times a week and buried at least one foot under ground. Throwing tin cans or bottles on the beach or on the ground is prohibited. A covered barrel or box should be placed at the rear of each cottage for receiving such refuse."

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The Secretary of the State Board of Health announces the following measures and plans recently instituted by the Board. A health train equipped with a large collection of charts, models, demonstrations, etc., relating to preventive medicine, made a trip throughout the southern section of the State early in August; a pamphlet has been printed to be used by the teachers in public schools as an instruction manual on the physical examination of children, with special reference to defective conditions of the eye, ear, nose, mouth and throat; the resolution forbidding the use of the common drinking-cup in railroad cars, depots, schools, etc., is being enforced; an expert in the study of eugenics has been employed to make a careful study along this line; a permanent educational committee has been appointed to plan, arrange and hold sanitary institutes, engage lecturers, etc., in the interest of preventive medicine; ten State sanitary conventions will be held throughout the State during the winter; the secretary has commenced the publication of a weekly bulletin; plans have been made for a series of health officers' conventions; and provision has been made for a medical inspector to work especially in the investigation of water, milk and other food supplies.

Dr. Francis J. W. Maguire, Detroit, has been severely ill with septicemia, due to an operation wound.

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Dr. E. T. Abrams, of Dollar Bay, has been appointed member of the State Board of Health, vice Geo. S. Harrington, of Kalamazoo, an undertaker.

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At the last meeting of the State Board of Health a motion was passed making poliomyelitis, glanders, actinomycosis, cholera and puerperal fever reportable diseases.

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Dr. Kenneth Kilbourn, Detroit, fell down the companionway of a steamer, while crossing the Straits of Mackinac, July 7, and sustained severe injury to the spine.

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By the will of the late Charles S. Chase, $100,000 is bequeathed to the Harper Hospital, Detroit. The income is to be used for the establishment of free beds, and for the offering of prizes for research work looking toward the cure of cancer. It is to be called the Chase fund, in memory of the father, mother and brother of the deceased. Mr. Chase also bequeathed $5,000 to Dr. W. C. Martin, his physician.

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A federal public health and marine hospital will be established at Bay City, Mich., by the Treasury Department, and Dr. W. Herrick, of that city, has been appointed physician in charge. For the present the hospital will be located in Mercy Hospital, but eventually a building will be erected by the government. The establishment of the hospital has been a matter of effort for over five years. The growing marine business has forced the government to act.

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The annual meeting of the board of trustees of the Michigan Sanatorium for Tuberculosis, Howell, was held July 11. The superintendent announced that twenty-five more patients can be accommodated in the new buildings now available, and an appropriation has been granted by the legislature for additional buildings. J. A. Heath, Richmond, was elected president; Dr. Wilbert B. Hinsdale, Ann Arbor, secretary, and G. W. Teeples, Pinckney, treasurer.

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The first annual reunion of the Michiganaw Association, composed of members of the faculties and graduates of the Michigan College of Medicine and Surgery and the Saginaw Valley

Medical College, was held in Detroit, July 12–14. The Association has a membership of about six hundred. Dr. John G. Kirker was elected president, Dr. Vine LaRue Smith, vice-president, Dr. Martin V. Meddaugh, secretary, and Dr. Berthold Bertram, treasurer, all of Detroit.

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August 12th the west part of the old Medical Building at the University of Michigan burned. It is supposed that the fire was of incendiary origin, as there were no live wires, and the building was being used solely for stores. The Regents asked the Legislature for an appropriation for better fire protection on the Campus only last spring, but it was not granted. The need of better protection was shown at this fire, for the water pressure was exhausted, and the pumps in the engineering department had to pump water from the naval testing tank.

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"The health board of Saginaw, Mich., will not abolish the public drinking-cups, as ordered by the State board. President Tanner, of Saginaw, says the State Board of Health has no authority to issue such an arbitrary order. Saginaw dug wells and secured fine water for its people to drink, and the Board of Health will do nothing to hinder its residents or visitors from drinking all the water they desire. Cups will be retained at these wells for public use, and Saginaw will take the chances of a surplus of germs."

The above interview does not present the ideas of the Board of Health or the Health Officer of Saginaw, but simply those of Mr. Tanner, and has since been modified, so that he does not favor the abolition of the common drinking cups until the city furnishes spouting drinking fountains.

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That the farmers of the district surrounding Detroit have been enlisted in the campaign for pure milk started by the Board of Health, is a condition credit for which is due to the Detroit Health Board. Much of the milk that is shipped into the city comes from the northern and western parts of the State. Because of the campaign earlier in the summer, and the condemning of all milk carrying even the slightest taint, farmers now take extraordinary measures to protect shipments against overheating. At the milk depots the farmers pay particular attention to the handling of the fluid, cautioning the railway employes against rough usage of the cans. Now the milk doesn't stand for hours before being taken on the cars, neither is it permitted to be exposed to the sun's rays for any considerable length of time. Farmers have supplied themselves with new cans, and under existing conditions there are twenty-five gallons of milk in a twenty-five gallon can. Formerly, with the dents in the receptacles, many of them contained only twenty-two or twenty-three gallons. As soon as the milk is brought to the depot it is covered with ice, and farmers stay on guard until the coming of the "milk special."

## BOOK NOTICES

**Manual of Diseases of the Ear, Nose and Throat.** By John Johnson Kyle, B. S., M. D., Professor of Otology, Rhinology, and Laryngology, in Indiana University School of Medicine. Third edition, revised and enlarged, with 176 illustrations. Philadelphia: P. Blackiston's Son & Co., 1911. $3.00 net.

This is a beautifully executed book with flexible leather cover, round corners, a good quality book paper, and type that is easily and comfortably read. The subjects of ear, nose and throat diseases are handled sufficiently at length for the general practitioner, and in a pleasing style.

The illustrations are frequent and to the point. Diseases of a particular region or system of tissues are taken up by themselves and handled in a comprehensive manner so as to bring out the differential diagnosis. Treatment is especially good.

**Progressive Medicine.** A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart A. Hare, M. D., and Leighton F. Appleman, M. D., June 1, 1911. Lea & Febiger, Philadelphia and New York. $6.00 per annum.

This book covers the progress of the year in Hernia, as told by Wm. B. Coley; Surgery of the Abdomen exclusive of Hernia, by Arpad G. Gerster; Gynecology, by John G. Clark; Diseases of the Blood, Diathetic and Metabolic Diseases, Diseases of the Thyroid Gland, Nutrition and the Lymphatic System, by Alfred Stengel; Ophthalmology, by Edward Jackson.

This corps of reviewers will be read with confidence and pleasure by medical men everywhere, and the subjects treated by them are in every sense up to the standard set so many years by Progressive Medicine.

**The Practical Medicine Series.** Comprising ten volumes of the year's progress in medicine and surgery under the general editorial charge of Gustavus P. Head, M. D., and Charles L. Mix, A. M., M. D. Volume III, the Eye, Ear, Nose and Throat. Edited by Casey A. Wood, C. M., M. D., D. C. L., Albert H. Andrews, M. D., and Gustavus P. Head, M. D. Series 1911, Chicago: The Year Book Publishers, $1.50. Series ten volumes, $10.00.

This book, like all the others of the series, contains in a concise form all the more important advances in the field covered during the past year.

The discussion relative to the value of the Major Smith cataract operation is given. Rhoade's method of avoiding the circle of color, or of light, at the edge of rimless lenses, is given, with illustrations.

The more and more important tonsil receives many pages of most interesting and instructive treatment. The whole book makes a handy ready reference to medical and surgical advance, and gives references to the original reports referred to.

**Golden Rules of Pediatrics.** By John Zahorsky, A. B., M. D., Chemical Professor of Pediatrics Medical Department, Washington University, St. Louis. C. V. Mosby Co., 1911. $3.00.

An idea of the scope of this work may be obtained by referring to a few random quotations on page 348, July JOURNAL. The book is well arranged, Part I being composed of Golden Rules of Diagnosis, Part II, Prognosis, Part III, Hygiene and Infant Feeding, Part IV, Treatment, Part V, Formulary.

The aphorisms which constitute the text are inter-related, many being a necessary complement of the proceeding, but most of them are complete in themselves.

Each paragraph is introduced by a black face heading, — Remember, Do not fail, Always examine, Do not mistake, and the like,—phrases which will help to remember the thought expressed.

**Hospital Management.** A Hand-book for Hospital Trustees, Superintendents, Training School Principals Physicians, and all who are actively engaged in promoting hospital work. By Charlotte A. Aikens, author of "Hospital Training-school Methods and the Head Nurse;" "Primary Studies for Nurses;" "Clinical Studies for Nurses." 12mo of 488 pages. illustrated. Philadelphia and London: W. B. Saunders Company. 1911. Cloth, $3.00 net.

In the above described book Editor Charlotte A. Aikens and her twenty contributors have given us a work filled with good things for those who manage or propose to manage hospitals to know. In the consideration of the American Hospital Field, many interesting points, as the need, finances, size, management, departments, superintendent, nurses, etc., are discussed, and much information as to how these phases are met in this and foreign countries is brought out.

In the question of actual management and conduct of hospitals, the authors go deeply into detail and also urge strongly that originality in solving questions of detail be encouraged and fostered by intercommunication, by means of papers, meetings, etc., between superintendents, and the practical application of these originalities as demonstrated in one hospital be reported to others to the end that economy and comfort from improvement in details be arrived at by actual experiment and trial rather than by the greatest common divisor of opinion of the Clergyman, the Doctor and the Nurse.

The book treats of the duties of all connected with hospital work, and gives in detail answers to hundreds of perplexing problems that arise each and every day. The illustrations are profuse and instructive. No hospital library should be without this work. Any hospital worker will be able to get from its pages many times the value of the three dollars the book costs.

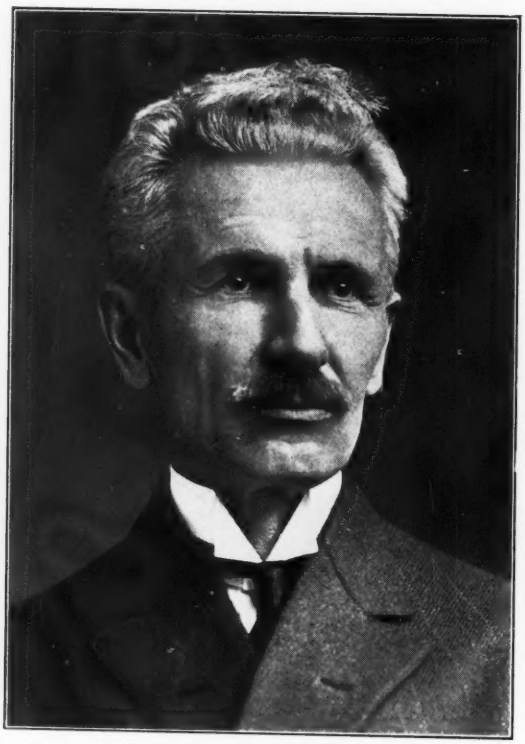
**A Treatise on Diseases of the Skin.** For the use of advanced students and practitioners. By Henry W. Stelwagon, M. D., Ph. D., Professor of Dermatology, Jefferson Medical College, Philadelphia. Sixth edition, revised. Handsome octavo of 1195 pages, with 289 text-illustrations, and 34 full-colored and half-tone plates, Philadelphia and London: W. B. Saunders Company. 1910. Cloth, $6.00 net; half morocco, $7.50 net.

The latest edition of this book maintains in all respects the standard of excellence set by its predecessors, and is again recommended with enthusiasm to the student and practitioner.

Since the date of the fifth edition, so much of interest has been added to the literature of dermatological science that the book has again been enlarged to meet present requirements. Articles have been added on a considerable number of subjects, as carbon dioxide snow, granuloma annulare, lichen nitidus, grain mite dermatitis, gangosa, tropical ulcers, sporotrichosis, brown-tailed moth, pediculoides ventricosis, and ulcerating granuloma of the pudenda.

Those wishing to pursue their subjects further will be pleased to find an enlarged and very full list of references, especially on treatment.

The article on pellagra has been rewritten and brought up to date. In the diagnosis there is found a new paragraph on the Wassermann reaction, but the book antedates the advent of "Salvarsan" in the treatment. The new articles on the tropical diseases round out the value of the book as a general work. Some less helpful cuts have been dropped, but the total number has been added to by the number of about twenty, principally photographs, and all are clear and of a distinct advantage. The illustrations number 289 in the text and 34 full-page colored and half-tone plates.



C. B. BURR, M. D.

PRESIDENT MICHIGAN STATE MEDICAL SOCIETY 1910-11